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## ORIGINAL ARTICLES.

### GENERAL PARESIS.\*

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The disease of which we propose briefly to write is a marked type of those grave forms of mental disturbance so common in our day, and which are the direct outgrowth of an unwise expenditure of nerve force, through the various channels of overwork and dissipation. It is known under various names, the most common of which are: General Paresis, General Progressive Paralysis, General Paralysis of the Insane, Mania de Grandeur, and Dementia Paralytica. The latter term might be more strictly applied to the last stage of the disease, while the former four are appropriate through all its stages.

My object in presenting an outline of General Paresis to this honorable body of physicians, is twofold: First, to offer a description of the malady as concisely as possible, that the general practitioner may the more readily and clearly discern the affection in its incipency; and secondly, to excite discussion, draw forth experiences, and to devise, if possible, means for the relief of an hitherto incurable disease; or, what is better still, to develop plans for its prevention among the people.

What epilepsy and masturbatic insanity are among the young; what hysteria, in all its Protean forms, is among females; that is General Paresis among the robust but over-worked or over-dissipated men of early prime or middle age. I mean by this statement that it is a deep-seated, far-reaching, intractable scourge; which fastens its malignant fangs upon the brains of its victims, and, unlike any of the serious diseases just mentioned, it never, according to history, yields up its hold.

General Paresis was first intelligently described by a French physician named Calmeil, in the year 1826. It is, then, a disease known to the profession for only half a century. Doubtless, however, it existed long previous to its recognition; but since that time it has steadily increased in frequency, particularly in this country, and is, indeed, a nervous plague peculiar to the rush and hurry of these modern, high pressure times. It is particularly prevalent in seaport towns.

Paresis has been graphically and voluminously described (in an uncertain and conjectural way), by numerous writers; but these descriptions have mostly appeared in reports of asylums, or journals of insanity; hence have had but a comparatively limited circulation among physicians. More than this, these writ-

ings have but imperfectly or partially portrayed the malady under consideration.

### DESCRIPTION AND DIAGNOSIS.

Continued investigations have at last revealed certain conclusive and peculiar diagnostic symptoms, and to these we now invite attention.

In diagnosing Paresis we shall endeavor to portray its varying phases after the fashion of that allegorical picture which leads us on, through the undefinable ways of infancy and adolescence, up to a towering prime, and down at last into the abruptly terminating valley of old age. We shall name the four stages of Paresis as follows:

1st. Incipient, or irritable stage.  
2d. The well defined, or stage of active delusions of grandeur.  
3d. The stage of subsidence, or that of sub-acute or chronic mania.

4th. The stage of dementia, failure, and death.

The first stage is marked by unusual and undue irritability. This occurs to a decided degree, even though the patient has been hitherto quiet, good-natured, or jovial. He now seems pre-occupied in his thoughts, to an extent called abstraction, which condition often changes or alternates with one in which he is hurried, nervous, and fidgety. While in the former state, if spoken to suddenly, or roused from his abstraction, he will often indulge in an unnatural ebullition of anger, and will speak with unwonted harshness even to a loved one, or when the person addressing him is making the most friendly or affectionate offer of assistance. If the patient is in a restless mood, he will, perhaps, pass unheeded a friendly salutation, not from any disposition to be rude, but because in his mind he is eagerly pursuing some train of thought which precludes all consideration of the suggestions of others. Even at this early stage of Paresis the patient is often observed to be most earnestly engaged in greater business projects than ever before; and will spread his financial canvas to its fullest capabilities, even though the threatening storm of another Black Friday is imminently impending. In this particular, under the influence of approaching disease, he distinguishes himself from the ordinary speculator or business man, who, though bold, will manifest at least ordinary prudence in the affairs of life.

At this juncture the parietic informs his friends that he is perfecting plans which will, in a short time, insure him an independent fortune. The work in hand occupies his mind day and night, so that he begins to lose interest in the social and domestic endearments of life. His sleep is greatly disturbed, and he often awakens at night, and is ready to spring into action at the earliest peep of dawn.

Again, the patient indulges in the most extravagant purchases, buying articles utterly unnecessary for his own comfort or that of his family; or if a single article is needed, he may purchase a score or more of the

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same. An example within my knowledge was that of a farmer who went out and purchased fifty bulls with which to stock his farm, when a single specimen of that kind was all that the interests of the homestead demanded.

At first irritable, restless and haggard, the patient soon assumes a tone and manner of extreme cheerfulness, and in the midst of his broadened business schemes, concocted during this abnormal excitement, he feels remarkably strong and well. If he stops to greet a neighbor, it is with more than usual warmth; he tells you that he feels "first-rate," and presses your hand with great ardor. Instead of carrying on a connected conversation, he abruptly tells you that he must send a telegram, or catch a train, or write a letter, or do something else of importance in a great hurry. He leaves so suddenly that you feel puzzled by reason of the change in his customary manner. A few days or weeks later you learn that your friend has become insane, and then you recall with vividness the singular and brief interview.

In contradistinction to this exalted and energetic state is one bordering on melancholia, where the parietic patient is tremulously anxious over past or impending losses; fears he will starve or his family come to want, or that his friends are robbing him, or that he is being cheated out of immense prospective fortunes. His mental horizon is crowded with dread and weird figures, the mingled products of vague fear and disordered sensation.

"What doth ensue  
But moody and dull melancholy,  
(Kinsman to grim and comfortless despair;)  
And at her heels a huge infectious troop  
Of pale distemperatures and foes to life."

Gradually but surely the disease develops. An incubus settles down upon the mental processes which the enervated will and impaired brain power are incapable of dislodging. Through the ill-defined mists of irritability and excitement, or brooding melancholy, come at last the sharp, clear symptoms of profound mental aberration. Long suspected of "being queer," or "acting strangely," the patient finally indulges in a deplorable and sudden freak of violence, or makes some rash, unparalleled move upon the chess-board of his business life, and then the friends are forced to checkmate him by calling in a physician.

Now is the time when that physician needs profound skill and keenest powers of observation. He will find, if he examines carefully the case to which he has been called,

1st. The pupils either unequally dilated, or equally dilated but irresponsive to light; or he may find them contracted almost to a pin point and irresponsive to light. Irresponsiveness to light on the part of the pupils is characteristic in nearly all parietic cases.

2d. The patient is unable to control in full the motions of the eye, owing to failure on the part of the motor oculi. There is a certain restlessness and unsteadiness in moving the eye which to the careful observer is quite discernible.

3d. There is apt to be drooping of one corner of the mouth, owing to partial paralysis of the facial nerve.

4th. A marked tremulousness of the lips and tongue while speaking is observable. This is one of the most prominent and easily perceived symptoms in the whole train that characterize the disease.

5th. A slight hesitancy in speech is apparent, as well as a deliberate attempt to overcome an inability to articulate distinctly.

6th. Stammering in speech, especially when using those words which have *k*, *l*, *m*, *n*, *r*, and *e* in them. This is due to the fact that the hypoglossal is involved in the progressing paralysis.

7th. There is slight unsteadiness of the gait, not so marked as that of locomotor ataxia, but still a sort of shambling, uncertain step, as if the knees were tired

and the walker could hardly determine which way to bend them.

These are some of the most important physical signs. Mentally those already described become intensified. Visions of wealth, before which the marvels of Aladdin's lamp grow pale and appear insignificant, are conjured up by the overwrought imagination of the excited patient. A sense of power the most magnificent also pervades his every thought. He is a maker of worlds, a creator of new planets, an artisan of whole systems, a builder of immense and marvelous structures, a projector of interminable railroads located hundreds of feet in the air, a manufacturer and dealer in the fabrics of nations, and every enterprise, according to his firm belief, has "millions in it."

Chronic mania patients sometimes "make worlds" and "create planets," but *not for financial purposes!*—merely for the sake of employment!

While the patient is busied with these lofty and mighty projects, his powers of considering the common things of life fall into disuse and decay. He forgets the most familiar names, even his own; fails to remember the most recent dates; and he also loses the power of calculating, even to the simplest problem in addition.

In a few cases the delusions of grandeur are absent, or undeveloped, so to speak. The victim simply presents the objective indications of the disease, or his delusions are those inspired by unwonted lechery, and he fancies himself the husband of numerous wives, whom he counts by the thousand; or, again, he consoles himself with the fascinating pleasures of the cup, and projects himself into unusual and unreasonable dissipation. Occasionally a patient in this stage becomes a decided kleptomaniac, and picks up everything he can lay his hands upon, evidently impelled by the idea that they belong to him. He becomes also unusually sly and cunning.

From this stage of active delusion and active exertion the patient passes slowly but surely into what may be termed the chronic stage, which is marked by a steady exaggeration of all the physical indications, and a gradual subsidence of the delusions which have been cherished. The unsteadiness of gait is now pronounced; the tremulousness of lips and tongue and the hesitancy of speech become more strikingly apparent; the face loses its lines of intelligence, and assumes a flat, flabby, expressionless contour; the patient grows careless of dress and person; and in manner, speech, and action there is a marked decadence of physical and mental powers. The appetite and thirst at this stage are often enormous, and an increase of flesh is frequently noticeable. This is, however, puffy and unstable, and the final result is a wasting away of all the tissues of the body.

The incipient stage of Paralysis may run on for several months before the disease is fully developed or recognized. The pronounced stage, often sudden in its inception after a long and scarcely observed prodrome, is that in which the various delusions of grandeur come into full blossom and fruition, and is usually limited to three or four months, sometimes to a few weeks even; and this is followed by the sub-acute or chronic stage, the length of which may vary from six months to two or more years. Pronounced parietics have been known to live six or seven years after the first invasion.

During the chronic stage the delusions are gradually obliterated, owing to an inability of the mind to conjure up any longer the golden Golcondas of wealth and power. The progress of the chronic stage is at last interrupted by an episode of epileptiform convulsions, at which time partial and temporary paralyses of one or both sides are apt to occur. After an attack of these convulsions the patient loses ground rapidly. The mind fails, and the condition of dementia supervenes. The appetite becomes variable and

capricious; the physical strength wanes; the body emaciates; the nerves atrophy; and the whole structure degenerates before the merciless invasions of this fell disorder. The skin, which has long been flabby, sticky, clammy, is now apt to break out in eruptions—*pemphigus foliaceus*. At first these large watery blebs are noticed on the extremities; afterward there is superficial ulceration of the derma, followed by scabbing and attempts at healing. These sores heal but slowly, if at all. The patient grows gradually weaker, and is obliged to take to his bed. This enforced decubitus, at a time when general anemia and atrophy have nearly completed their work, is followed by severe and intractable bed sores. These are best relieved by Brown Sequard's treatment, *i.e.*, the application of alternate heat and cold—ice eight minutes—followed by poultices for four hours. But no amount of care seems to avail in warding off these distressing conditions. The patient will often cling to life for weeks after the thread that holds him seems eaten away to the last frail fibre. Nothing remains but to perform, for weary days and nights, the sad and hopeless task of removing debris from the stranded wreck; for at this juncture the sphincters become relaxed, and the contents of bowels and bladder are voided involuntarily. Yet the patient persists in living. It is one of the most remarkable features of this disease that the patient can continue to live long after all the forces of life appear to be exhausted, and when little remains but the skeleton, overlaid by a parchment-like and very ragged skin. Of course we are now describing extreme cases, yet several of these have come under our observation during the past two years. Death comes at last through utter exhaustion; sometimes, for several hours previous to dissolution, the patient becomes unconscious, and thus passes away. But with the last articulate breath of life the dying man, corrugating his countenance into a ghastly smile, will reply to your inquiries as to how he feels to-day with the stock expression, "fuss rate." Throughout the disease we find, as a rule, that the temperature is from one-half to two degrees higher than normal, although the pulse is usually not greatly accelerated.

In concluding our description of General Paresis we may state this singular, but oft observed fact, that throughout his disease, at irregular intervals between his fitful visions of unearthly grandeur, the parietic patient sinks into the gloomy abyss of melancholia. There are days when he weeps easily, and sends up a wall of anxiety and hopelessness, which contrasts with his customary lofty and exuberant spirits as the mournful strains of the Dead March in Saul contrast with the sublimer sweeps and surges of the Hallelujah Chorus.

#### TYPICAL CASE.

We will now give a leaf from our asylum records that you may see how naturally the actual facts in a given case consort with the pen picture we have presented. The history we shall give will bring you face to face with grim and sad realities.

J. M. A.; admitted August 7, 1877; age forty-one; civil condition, married; children, none; occupation, truck-driver and huckster; education, common school; duration of present attack, about six months; form of attack, General Paresis; cause, intemperance; prognosis unfavorable from the outset.

The friends state that this patient has been "irritable" and "strange acting" for about six months; that he has been a hard drinker for a long time and very arduous in the performance of marital duties; and that during the past two weeks he has been reckless, violent, and unmanageable. Soon after his admission he became noisy and almost uncontrollable; indulged in loud shouting and threw bed and furniture about the room; broke the window to his room while attempting in imagination to drive a team through. At the same time he was eating but little, could scarcely walk, and

his strength was fast waning. Accordingly he was confined to his bed in close apartments.

August 8. Left pupil about normal size; right, contracted. Pulse, 124. Patient says he "is king of gods," made all people, and can raise all who have not been dead over fifty years. Owns the whole world; his clothes are covered with diamonds; is telegraphing continually. Declares that Queen Victoria, the Empress Elizabeth, and the Queen of Poets are his wives, and that he made them. Patient is very forgetful of names.

August 9. Patient says he was in heaven last night, and made a present of one hundred billions of dollars; wants two hundred and fifty millions spent in lining his room with gold; broke some dishes.

August 11. Sleeps but little; has taken, as a prescription, *Alcohol*, thirty drops in two ounces water, a spoonful every three hours.

August 12. Pulse 84; left pupil more dilated than right; extremities cold; speech thick, words can scarcely be distinguished; puffing of cheeks; magnificent ideas continue.

August 13. Pulse last night fell to 64, and patient was given *Digitalis*; in the morning, pulse 76; whispering delirium at times; soils the bed.

August 14. Is taking beef tea and wine; appears stronger and more rational.

August 15. Pulse 100; still somewhat delirious.

August 16. Great delusions; made two worlds last night; has innumerable wives and children; keeps eyes shut; pupils alike.

August 18. Pulse 96; ate no breakfast; does not now wet or soil bed; delusions continue.

August 20. Eats little; still has delusions of grandeur; diet, eggs and beef tea; medicine, *Alcohol*.

August 22. Pulse 80; takes beef tea well, but no solid food.

August 24. Right pupil contracted, left about normal.

August 25. Is sleeping better, eats more solid food, and takes less beef tea.

August 26. Pulse 84; says he feels all right, but has some frontal headache; stays quietly in bed without restraint.

September 1. Feels well; mind is better, but still has delusions.

Sept. 3. Is gaining steadily; does not speak of his delusions; mind better than any time since admission.

Sept. 4. Pulse 96; right pupil contracted; slight recurrence of delusions.

Sept. 9. Now says that his previous ideas of wealth were all visions, and at present feels poor; wants to see his wife; is quietly reading the papers; says he has been "bung," but is over that now; cries when addressed; marked tremulousness of chin, lips, and tongue.

12th. Right pupil contracted; lips tremulous; crying; wants to see his wife, has no delusions, talks sensibly, and knows he is in an asylum. 15th. Right pupil contracted, but somewhat dilatable, *i.e.*, responsive to light. 19th. Right pupil contracted and not dilatable; has delusions again. 20th. Looks better; skin and eyes have a natural expression; pupils respond to light; is writing a note to his wife, and the letters are well formed. When the pupil is not dilatable the patient is worse, when pupil dilates it is a sure indication that he is better and more rational. 22d. Pulse 92; pupils more natural, but the right one is somewhat contracted; feels jolly and is working in the ward. 26th. Is sulky, and complains about the food, and the furniture in his room. 27th. Good-natured again; cried easily at times; emotions vary readily from grave to gay; physically, is looking better.

Oct. 1. Weight, 112 pounds, right pupil continues contracted. 13th. Says his eyes feel blurred after taking the medicine, which has been changed to *Ignatia*, on account of his tendency to weep and brood over imaginary troubles. 14th. Left arm felt numb for a



short time, felt better, and then became numb and "fell asleep," as he expressed it, a second time. 16th. Received a letter from his wife, and became much excited, crying considerably. 17. Still crying because he wants to go home; considers himself as ready as ever for business. From the middle to the last of October the patient gained steadily in health and spirits. He had no delusions, talked rationally, and the only abnormal symptom was a slight tremulousness of lips and tongue when speaking. November 3. He had a slight paralytic stroke in the right side, and, as he said, "felt himself sinking down." From this he rallied rapidly, and on the following day, Nov. 4, showed no effects from the seizure. At this time his left pupil was observed to be about normal in size, but oblong in shape and not readily dilatable; the right remained contracted, but was somewhat dilatable.

November 15th, 1877, the patient was discharged at the request of his friends. Although to the untrained observer he appeared quite well, the result of his case was entered upon our books as "improved," and his relatives, when pressing us for an opinion as to his future, were assured that he would, in all probability, suffer a relapse within six months, and that he would never fully recover. The sequel proved our prognosis fully correct.

April 10th, 1878, nearly five months from date of discharge, the patient was readmitted. It was stated that he had been quiet most of the time during his absence from the asylum, and had attended meetings and gatherings for amusement, but had worked at his business scarcely at all. His friends said he had generally appeared well, but not always exactly right. The night before he was returned he became violent, and attempted to kill his wife with a hatchet. He now has delusions that enemies are after him, and that he must fight them. No apparent ideas of grandeur, and has had none during his vacation. Face is white and drawn. April 11th. Pulse 120, temperature 37.8; left pupil dilated; right normal in size but immovable; violent; thinks snakes and other animals are running over him during the night; knows he is back in the asylum, but cannot stay long; thinks his wife is after him with a butcher knife. Weight 108 pounds. 12th. Pulse 84; feels better, has fewer delusions; is taking alcohol. 13th. Pulse 96; says that while home he had great pain in his head, like the nipping of crabs, which he claims was the effect of brain medicine received when here before. 17th. Pulse 96; better; talks rationally for a short time and then lapses. 24th. Pulse 92; headache at night, heat in the vertex after attack of depression, nervous vertigo, sensation of coldness and stiffness throughout brain; prescription, *Phos*. 25th. Headache better. May 4. Is restless and troubled only at night; during the day is very quiet; writes naturally. 14th. Has slept well of late; had to-day a short attack of dizziness, followed by ringing in the ears. 15th. Pulse 84; feeling badly and depressed. 16th. Better and more cheerful. 20th. Pulse 76; better, no pain at night. 22d. While playing with his wardmates was seized with a "spell," as he expressed it, and hurried to bed; found him stammering badly; throws his head back and shuts his eyes tight; pain on right side of the head; left hand feels numb, with anesthesia of the surface—*Verat. vir*. 24th. Patient has considerable rumbling in abdomen; says he feels better, but is really growing worse; is becoming more forgetful and irrational. 29th. Still more forgetful; does not know his own room.

June 4th. Is very wealthy again, with marvelous delusions; thinks he owns the Asylum, and is going to stock it with millions of dollars' worth of goods; has seventy immense and costly stores filled with innumerable goods in New York City. 7th. In the evening began to stammer again in speaking; pain in back of head with nausea, and nervous shocks, like electricity

through the body; was given *Verat. vir*. 8th. Pulse 76 and stronger, patient still very sick and in bed. 9th. Better physically; has delusions of extreme wealth. 10th and 11th. Delusions of wealth continue. 12th. Blisters and sores have appeared on the fingers. 13th. Is very liberal, giving away magnificent fortunes; promised his physician give millions of dollars if he would go to Paris with him. Physician declined to go for so small a sum! 19th. Less excited and more moderate in his ideas.

July 4th. The ulcers have healed, and the patient is mentally better, weight 106½ pounds; has now no delusions of wealth. 25th. Pain in forehead; feels ill and looks duller than usual; no numbness in left hand, but the right is affected.

August 9th. Has been very well for two weeks, with no delusions. 21st. Ophthalmoscopic examination revealed atrophy of both discs, but especially the left. 27th. Face is drawn; talks considerably to himself.

September 9th. Is able to walk about the ward, but is weak, and talks with difficulty. 12th. Experienced a sudden attack of paralysis on left side; began to cry; soon became quiet and more rational, but still cherished some delusions of wealth. 14th. As usual, quiet but weak. 25th. Frontal headache, not very severe.

During October nothing unusual occurred in the case. November 17. Steals all the books he can find, and locks them up in his bureau. 18th. Is found masturbating; has heretofore manifested no tendency in that direction. During the remainder of the year, 1878, the patient developed no new or marked condition or symptoms.

1879, Jan. 16. The patient thinks he has lost his wealth, and is again depressed; has pain in frontal and parietal regions, and occasionally along the course of the spine. 23d. Pulse 96; has a dull headache; scarcely answers a question. 25th. Brighter; has blebs and ulcers on toes. 28th. Pulse 80; very dull; head bent forward; no appetite; is fed beef tea. 30th. Is in bed; feels weak and dull. Abed most of the time, from February 1. Feb. 1. Is up and dressed, but quite weak; feels sick and eats but little; depressed and anxious about his condition. 5th. In bed again; drank beef tea when compelled to do so, but has no appetite. 9th. Still abed; began to have fits about 11 A. M.; had eight in one hour; these were preceded by stuttering, and twitches of the left side, and these followed by rolling of the eyes, grunting, and scratching the head. Patient had an enema yesterday, and a proper movement of the bowels followed. To-day, wets the bed. At 2:35 P. M., had a fit that lasted about ten minutes. Patient rallied from these epileptiform seizures, and on the 22d was better and stronger. 23d. Still better; hungry and eats well; recognizes people and answers questions. 24th. Pulse 96; has a good appetite; is stronger and gets out of bed continually. 25th. A little duller. 27th. Better; talks very well; is bright and cheerful, smiling whenever one speaks to him. Has a bed sore which is scabbing over.

March 1st. Says he is "all gone," but still maintains most of the time a cheerful spirit; has temporary spells of depression. Bed sores troublesome. 7th. Greatly emaciated—weighs 82 pounds; is doing well under the circumstances—back is healing—appetite good—spirits exuberant for an almost dead man. 9th. Had another fit—it was one of general and severe convulsions. 10th. Some better; could talk and answer a few questions, but at times delirious, with delusions of wealth. 11th. Dull. 15th. Duller, and remains semi-stupid in bed. 21st. Pustules, size of a split pea, on the inner side of left thigh, surrounded by a pink halo. No other change. 27th. Pulse 92; is growing thinner; sleeps little, speaks little, but recognizes people. 28th. Weight 73½ pounds; about the same. 29th. Urine retained, and it was drawn with catheter; patient fed



with nasal tube. 30th. Pulse 88; patient dull, but talks a little; constipated; enema used; no result.

April 1st. Face pale and greatly sunken; patient does not speak; pulse 56 and weak; sleeps a little. 2d. Pulse 68; patient dull; cannot recognize or speak; had two severe convulsions this morning about eight. 3d. Pulse 68, patient in the morning was stupid, staring, comatose; cannot recognize or speak, but took beef tea; in the evening recognized those about him, and spoke pleasantly with assurances of a first-rate feeling on his part. April 4th. Took beef tea for breakfast, and seemed about as usual. He died quietly, without groan or struggle, at 11:10 A. M. on that day.

A *post mortem* examination was made at 10 A. M. April 5th. The body was found to be exceedingly emaciated; the scalp very thin, as also was the skull. On removing the skull-cap three ounces of serum escaped from the sub-dural space. The sub-arachnoid spaces were also found filled with serum. The arachnoid membrane was decidedly opaque. The *pia mater* was adherent to the cortical substance of the brain, the result of long continued inflammation. Weight of brain, 43½ ounces.

This case presents the most salient points of Paresis. The age, forty-one, the very prime of life; the condition, married, but having no children, consequently no bar or interruption to sexual excess; the apparent cause, intemperance; and the final result, death, after such marked improvement as to insure the patient's discharge for several months from the asylum; and through a period of nearly two years the persistent abnormality of the functions of articulation, and the condition of the pupils, together with the rise and fall of delusions of grandeur and wealth, all these form an imposing array of important and interesting facts.

#### CAUSES.

Hyper-stimulation of the brain and nervous system by various means, chiefly hard drinking, excessive sexual indulgence, and over-application to absorbing and exciting business, may be said to most surely induce the disease in question. There are comparatively few cases where rum, women, or over-work, one or all combined, do not figure largely as exciting causes. Occasionally a sunstroke, or a severe blow upon the head, received months or years before the attack, will come out so prominently in the history as to leave no room for doubt that these have played their part in this physical tragedy. Hereditary predisposition may also be looked upon as one of the causes of Paresis; yet, so far as our experience goes, this supposition has but a slight basis of fact. Predisposition makes a very good general excuse for "ways that are dark" in paretic insanity. Most of the victims of general paralysis that we have met with or treated are from healthy stock, and not, so far as we have been able to discover, inclined to madness. Moreover, the pathological conditions are those of idiopathic disease, and not apparently due to inherent weakness of brain tissue.

It tracing the causes and courses of this disease some very interesting facts crop out. 1st. In the matter of sex, males largely predominate. The nineteen cases treated at the Homoeopathic Asylum were all males. In England male paretics predominate over females as 5 to 1. In this country the difference in favor of females is still greater, there being probably 10 males to 1 female paretic in the United States. This is accounted for from the fact that women are less exposed to business anxieties, and the temptations of intemperance, and less seriously affected by sexual indulgence.

2d. It has been noticed, as a most striking fact, that the wives of paretics are usually very robust, and, according to outward appearances, voluptuously inclined.

3d. Paretics are not prolific. Of 19 cases that have

come under our observation, 13 have been married, and to these were born but 80 children, a trifle over two apiece. When we consider the robust physical condition, previous to attack, of the paretic, and the strong, well developed physique of their wives, as a rule, we are forced to the conviction that this lack of progeny is owing to a want of true vitality on the part of the reproductive organs, which very likely results from early excesses, whereby the virile powers of the patient become exhausted and barren of all vitalizing principle. While a large proportion of paretics have been married, we may state of the unmarried ones that they have in most instances been strongly addicted to association with impure women, and consequently are often found to be afflicted with syphilis, or the remnants of other venereal diseases.

4th. Paretics are generally not much addicted to masturbation; they seem to prefer gratifying their sexual desires by coition with rugged and magnetic members of the opposite sex. On the other hand, those given to the vice of self-abuse, in early life, quite surely become the victims of protracted dementia.

5th. While the majority of paretics do not spring from the higher or better educated classes, we do find that most of them have been men of quick, sharp mental faculties, possessing much of the energy and push of Americans, combined with a jovial and reckless disposition. With strong bodies and active, even though uncultivated, brains, these men seize with consuming avidity upon the hard work or the sinful pleasures of the world. That they break down in the middle prime of life is due simply and solely to the consumption or wasting of both principal and interest of their nerve capital.

#### PATHOLOGY.

The pathology of General Paresis was long shrouded in obscurity. To the casual observer the paretic brain under *post mortem* examination presents but little that will satisfactorily account for the terrible mental tornadoes that have prevailed, or for the unerring fatality of the disease in question. There exists during the progress of Paresis a slow but continuous inflammation of the cortical substance of the brain, together with the meninges.

Calmell, who first described the disease, pronounced it "diffuse peri-encephalitis." He also named it "general cortical cerebritis." Meyer gave it the name of "chronic meningitis," Bayle styled it "chronic arachnitis," Erlenmeyer pronounced it "cerebral atrophy," and Westphal, "chronic myelitis," from the belief which he entertained that the spinal cord was a primary seat of trouble. The terms used by these writers express but a portion of the actual disease. We have, therefore, selected the expression, "meningo-peri-encephalitis with atrophy," as the one which will most completely cover the whole pathological condition. The *pia mater* is always found adherent to the brain surfaces in spots (upon the upper parts of the convolutions, never in the sulci), and when peeled off takes with it small portions of the cortical substance. These adhesions are found upon the anterior and middle lobes. The brain always atrophies under the influence of Paresis; and the tissues become more or less sclerotic. Effusion to a moderate degree usually occurs. So it does in senile dementia, but in the latter case it is a process of years' duration and a result of old age; while the atrophy and effusion of Paresis may occur in a few months, and in the prime of life. Inflammation of the arteries exists to a considerable extent, and occasionally atheromatous deposits are found. The dura mater is often thickened, sometimes to the extent of half an inch; and is somewhat discolored—darker than usual. In one instance, at the Homoeopathic Asylum, a tumor in the base of the brain, fibrous in its nature, and pressing upon the optic commissure, causing complete atrophy of the right optic nerve, and consequent loss of sight

in the right eye, was discovered. There is usually a general oedema of all the membranes of the brain, with more or less opacity of the arachnoid.

In addition to the pathological conditions of the brain, there is found a decided atrophy of the great sciatic nerve, which may account for the gradual loss of power in the limbs, the tottering, uncertain and shuffling gait.

This atrophy of nerve tissue, which apparently begins in the great nerve centres, steadily proceeds to involve the entire nervous system. Closely associated with a manifest weakness in walking is a marked tremulousness of the lips and tongue, hesitancy and thickness of speech, and a flat, masked appearance of the face, all of which latter are due to wasting away and loss of power of the facial, tri-facial, and glossopharyngeal nerves. We suspect that the great sympathetic is always involved, but this is not yet thoroughly demonstrated.

#### PROGNOSIS.

The prognosis of Paresis, according to numerous writers, and our own experience, is always unfavorable. The patient often appears to mend, and will, in fact, go for months with very few of the outward signs of the disease; but sooner or later the storm which has experienced a temporary lull will rise again and move on with resistless fury. I believe that no well authenticated case, where it has been fully developed and where no doubt could exist as to the diagnosis, has been placed upon record as fully recovered, and has remained so for five successive years. Will it always be so? is the anxious question of every one who seeks to battle against this grim destroyer of robust manhood.

#### TREATMENT.

The treatment of Paresis should be both hygienic and medical. While we cannot with confidence anticipate recovery, or hope for a cure, we may at least prolong and render endurable an otherwise wretched life; and possibly we may succeed in restoring the victim for a few months to his friends, which is in itself a worthy and commendable work. More than this, we may yet, if persistent, make discoveries in remedial medicine which shall open up a new Columbia to the harried and oppressed struggler against such an untimely fate as that now decreed to the general paretic.

We have sought diligently for a "simillimum" that would cover the "totality of symptoms" in such cases as we have pictured; like the searchings of the brave Ponce de Leon for the fountain of eternal youth, our searchings in this direction have resulted only in the vanity of disappointment. Each case of Paresis, like every other case of disease, has, of course, its own individuality; yet there is, indeed, in all cases, a remarkable uniformity of both objective and subjective symptoms. Hence a single remedy, if we could but find the right one, or at least a small group of drugs, might, with proper Homœopathicity, cover these cases, just as the immortal Hahnemann found *Belladonna* the specific for a certain type of scarlet fever. In our studies and experiments we have found *Alcohol*, pure and simple, the most thoroughly indicated according to the symptoms, and most decidedly efficacious in effecting relief when practically administered.

A weak and loitering gait, limp and uncertain movements of the entire body, tremulousness of lips and tongue, thickness and hesitancy of speech, uncertain expression of the eyes, together with transcendent notions of wealth and power, are all characteristic of the paretic patient and find their most perfect counterpart in the actions, words, and thoughts of him who makes a "proving" of the alcoholic sops of Bacchus.

Under the action of small but appreciable doses of alcohol several of our patients have experienced marked temporary amelioration of their symptoms; but the medicine has not charmed away the malady, nor

hindered, for any great length of time, its onward march.

Again, we have used *Cannabis Indica*, as our patients have manifested the strange vagaries, or experienced the marvelous visions of the Hasheresh eater; we have tried *Coca*, when the sense of strength has outstripped the actual physical powers; we have administered, in varying potencies, *Actæa racemosa*, *Arsenicum*, *Belladonna*, *Cuprum met.*, *Hyoscyamus*, *Ignatia*, *Nux vomica*, *Phosphorus*, *Digitalis*, *Calc. phos.*, *Phosphide of Zinc*, *Conium*, *Anacardium*, *Stramonium*, *Sulphur*, *Veratrum alb.*, and *Veratrum viride*, when any of these were called for by proper indications; but while our remedies have apparently produced beneficial results, yet the El Dorado of our hopes—the perfection of a cure—remains unreached. The treatment of Paresis by Homœopathic medication has been too brief and imperfect to be either discouraging, or conclusive, or satisfactory. The Galling gun of Homœopathy has brought down many a refractory foe in the days gone by; why may it not yet, in time, draw a sure "bead" upon this pathological Attila?

Hygienically the paretic needs the most scrupulous and kindly care. During the stage of excitement he should be watched over and handled with all the caution attendant upon the nursing of a patient suffering with acute mania. After passing into the chronic stage his strength and physical health may be long preserved by abundant out-of-door exercise. By placing the patient at work he is relieved of his overcharge of activity, without feeling the chafings of close confinement. The air and sunlight contribute to his happiness and well-being; the labors of the day divert his thoughts at the time and promote his tendency to sleep at night. His appetite is kept up, and his powers of digestion remain longer unimpaired when at work than when loafing in idleness. At Hanwell, in England, a considerable number of paretics have been kept in very fair physical condition for years, through the special means of systematic and abundant out-of-door employment. These labors of the paretic can only be begun after the excitable stage is past; as during that period his attention can hardly be attracted to anything of an ordinary worldly or menial nature. Work should, of course, be imposed only when the patient is sufficiently strong to endure it, and it should be continued only so long as it evidently produces beneficial results. In his labors the paretic should be protected from the hot sun, as this almost always brings a return of the unnatural excitement.

#### PREVENTION.

Now, what shall be done to save men from the inceptions and invasions of this fatal scourge? For fifty years the work of cure has been attempted by faithful, earnest, and learned men; yet, with what an array of disastrous results! While we record with pride a series of triumphs against the ordinary foes of life, we stand aghast before the inroads of this dread vampire, and see strong men falling by its insidious encroachments, like the tender plant before the hidden worm at its heart. Yet we are powerless to help. Would it not be wise, under circumstances like this, to apply the check-rein of prevention rather than to engage in the almost hopeless task of patching up or seeking to save the shattered fragments of a runaway wreck. The causes of Paresis have been pointed out; prominent among which figure alcoholic stimulants and sexual excesses. When the people, through their physicians, are brought to know and realize the fatality of their own self-imposed diseases, may they not be induced to refrain from those formidable dissipations whose feet take hold on destruction, whose bite is like that of an adder, and whose final result is a hopeless chamber and deathbed within the walls of an insane asylum.

The cares and afflictions of ordinary life, the unpre-

ventable reverses of fortune, the afflictions of disease due to occupation or climatic influences, the hereditary weaknesses which come down to us from our ancestors, all bring to institutions for the insane their quota of suffering victims; but many of these may be stimulated by the hope of restoration, and may return in due time, with renewed health, to a life of usefulness. But for him who progresses to Paresis through the by and devious ways of his own dissipation, there are no more cheering words than those engraved upon the portals of Dante's Inferno, "*Who enters here, leaves hope behind.*"

## ANGINA PECTORIS AND ITS HOMŒOPATHIC TREATMENT.

By DR. KAFKA.\*

The most recent anatomico-pathological researches have shown that this affection is associated with fatty degeneration of the muscular substance of the heart, accompanied by relaxation of the membranes of that organ. This degeneration is found chiefly in the second half of life; very rarely before thirty; oftener between sixty and seventy. There are then discovered, in a majority of cases, a marked deposit of fat in the subcutaneous cellular tissue, rigidity of the arteries, and the *arcus senilis* about the cornea.

Advanced age, early decay, an intemperate life, grief, abuse of alcoholic beverages, sedentary life, the habit of sleeping too long, too nutritious diet, especially too much fat, use of strong beer—such are the principal causes of angina pectoris. To these may be added heredity and a tendency to obesity. We observe it also, but rather as an accessory factor, in certain diseases of the heart; for example, hypertrophy, valvular lesions; sometimes also in emphysema and in atheromatous lesions of the large blood vessels.

The prodromic symptoms consist in a pressure more or less pronounced, or a sensation of constriction and of compression, at the middle of the sternum, and even lower, manifesting itself while walking in the open air. Moving about in a close room does not produce this effect. If the patient continues to walk, especially if he converse while walking, there is observed to occur slight dyspnoea, which is aggravated by warm drinks, errors of diet, moral emotions and coitus; at this time there is already a certain flaccid condition of the muscular tissue. Physical examination of the heart at this time gives only negative signs, but to a careful observer the symptoms just cited have great value, because they characterize the beginning of the affection. Generally there is at this time only a small part of the heart muscles which have undergone fatty transformation, and especially those of the right heart; this is why this period may continue for months and even years without the patient suffering more violent attacks, but under the influence of the same causes, or in consequence of bad treatment, the malady progresses; the feeling of constriction about the sternum and the dyspnoea increases, and there may be observed new symptoms which have great importance in a therapeutic point of view, and which we are about to examine.

In a certain number of these cases I have observed that at the same time with the occurrence of dyspnoea and sternal pressure there is developed a certain amount of hyperemia by *venous stasis*; also palpitation of the heart the violence of which increases at each step, reaching that degree of intensity that the patient thinks the heart and chest will burst; the cheeks and ears become red, sometimes even cyanotic; the head

hot; the carotids and even the small arteries are the seat of violent pulsations; there is a feeling of anguish and constriction so great that if the patient does not cease talking and walking about, he runs great risk of being stricken with apoplexy or sudden paralysis of the heart muscles. It is generally in persons between thirty and fifty years of age that I encounter this form of the malady, in those having hypertrophy of the heart at the outset, or in women at the critical age. Emphysematous persons who have preserved their plumpness, and who present dilatation of the right ventricle, are equally predisposed. But I have never seen this form occur in aged persons, nor in those who are to a certain degree marasmic, or who have been given to excesses.

Another form of stenocardia (this is the name Dr. Kafka applies to angina pectoris) is that which manifests the symptoms of gastralgia. Here there is no venous stasis, but concurrently with the sternal pressure and dyspnoea there occurs violent pressure at the epigastrium; the patient feels there a sort of ball which gets larger and larger and occasions eructations; also dyspnoea, precordial anguish, and great weakness; often also a tingling or paralytic pain extending from the epigastrium to the left arm, and sometimes even to the neck and nape of the neck (cervical or brachial neuralgia). This form, according to my observations, is encountered in hysterical and hypochondriac persons, or in persons with enfeebled constitutions, who have been given to excess in alcohol or venery.

A third form of stenocardia is the spinal or syncopal form. At the same time with the presternal pressure, the patient experiences a pain starting from the vertebral column and traversing the chest to the sternum. Then there is a constriction of the thoracic cavity so great that the patient is in inexpressible anguish; he is pale, his features cast down; he is covered with cold sweat and fears he is going to die. This form is met with in cases of early decay and in senile marasmus; in persons much enfeebled by grief and care, and in those who have been addicted to great venereal excesses.

The pathological features describe the symptoms in a summary manner. I have arranged them in three distinct groups, the better to indicate therapeutical modifications. The heart affected with fatty degeneration is generally dilated; precordial dullness is increased, especially in a transverse direction. A fatty heart is at the same time feeble in its action; the cardiac impulse is less forcible; the pulse soft, sometimes small, sometimes irregular. The cardiac impulse is sometimes so feeble as to be imperceptible to the touch; the dullness extending in a transverse and not in a longitudinal direction makes it evident that the pericardium is not attacked, and that the feebleness of the pulsation must be attributed to fatty degeneration and dilatation of the heart. The cardiac *bruits* are entirely normal, except when there are valvular lesions; sometimes the second sound is more accentuated. As the affection progresses, the sounds become intermittent. Arrived at this period the malady is often accompanied by very painful attacks of asthma. Sometimes without premonitory phenomena, at other times after a feeling of uneasiness, the patient is seized with dyspnoea, which in all cases is associated with a sensation of pressure and constriction of the chest; then a feeling of inexpressible anguish seizes upon him; the forehead and extremities are covered with a cold sweat, and he is obliged to leave his bed; he gives evidences of the greatest inquietude; he seeks eagerly for fresh air, and causes the windows to be opened even in midwinter; in order to breathe easier he leans over a table or a chair. Sometimes to relieve the terrible pain in the chest he presses his hands against the sternum or upon the sides of the chest; the pain extends in many cases to the left arm and nape of the neck; almost always at these times the patient is pale

\*Translated by George Allen, A.M., M.D., from the *Rev. Hom. Belg.*



and dejected, the eyes are fixed, the pulse small, thready, often irregular, intermittent.

During the paroxysms tracheal rales may be heard which the efforts of the patient are unable to expectorate; it is only when amelioration begins that he expectorates frothy and bloody mucus. One peculiarity worthy of notice is that in conditions like this the patient is able to take deep inspirations. The attacks are sometimes of very short duration; sometimes the symptoms repeat themselves and continue for hours.

When the phenomena assume a very acute form and the fatty degeneration is far advanced, the patient may be seized with cardiac paralysis and die suddenly. When the issue is to be favorable, the pain diminishes, the respirations become more free, the countenance is less dejected, warmth returns little by little, the pulse is stronger and fuller, and there is expectoration of large quantities of frothy and bloody mucus. I have seen such attacks continue during an entire night; and in the morning, notwithstanding, after two hours' sleep, the patient would arise, receive his friends as if nothing had occurred during the night, and afterward attend to his usual occupations.

These paroxysms, of greater or less intensity according to the case, occur oftener at night, without any appreciable cause; yet over-fatigue, a mind pre-occupied, alcoholic or venereal excess are oftener the occasioning causes; there should be added errors of diet, too heavy suppers, taking cold, etc.

Attacks of asthma are very rare at the commencement of the disease, but the more the fatty degeneration makes progress, the more do asthmatic attacks characterize it. As long as there are only a few muscular fibres diseased, the morbid symptoms present themselves only at long intervals; but as the anatomico-pathological work continues its ravages, the dyspnoea becomes very soon asthmatic, and its intensity is increased in the same proportion. When the entire heart has undergone degeneration, we observe the occurrence of all the symptoms which characterize stagnation of blood in the heart, when that occurs in valvular disease, dilatation, emphysema, etc. In consequence of venous hyperemia the appetite is impaired, the stools are retarded, urine diminished, a bronchial catarrh and often a severe pulmonary oedema sets in; the functions of the liver, the kidneys, and uterus are altered; general infiltration takes place and death happens very rapidly by cardiac paralysis, or slowly by exhaustion of vitality.

Angina pectoris is a very grave disease; the prognosis ought always to be very reserved. The patient may die suddenly in the midst of an attack.

*Treatment.*—From a therapeutic point of view it is very important to have well in mind the collection of symptoms, objective and subjective, which indicate the severity, the period, and the variety of the disease.

In view of the large number of cases that have presented themselves to my observation, I have believed it my duty to make researches in order to find remedies capable of relieving and even of curing this terrible malady when not too far advanced.

As I have said above, stenocardia with venous stasis is characterized by palpitation of the heart produced by walking in the open air, and which is increased in proportion as one continues to walk. A remarkable thing is that these patients can walk for hours together in a close room without experiencing the slightest inconvenience. When going into the air and attempting to walk, they feel a pressure at the middle of the sternum; as they advance a few steps, dyspnoea and palpitation of the heart occur; pulsation is felt all through the body, and especially in the carotid and temporal arteries; the face and ears become deep red, and if the unhappy patient forces himself to continue walking, he risks being stricken with apoplexy.

Against this condition I prescribed for several years *Belladonna* and *Glonoin*, because I had in view only

the cerebral congestion. I obtained only partial success. I was able to moderate for a time the venous stasis, but it recurred later, and I was forced to seek another medicine which would bring about a more durable amelioration. I perceived that the venous stasis was dependent upon the palpitation of the heart; that the more violent this became, the more the dyspnoea and thoracic constriction were augmented. When the cardiac movements became moderate the intensity of the other symptoms was diminished. It was this which led me to try, about four years since, *Aurum mur.* 3, a medicine the success of which surpassed all my hopes. After a few doses the palpitation of the heart, the thoracic constriction, the dyspnoea and symptoms of venous stasis were diminished to that degree that the patient could take long walks in the open air without inconvenience. Even when there were already attacks of asthma and dilatation of the heart present I have caused so great amelioration that I am able to say that *Aurum mur.* has a specific action in this malady as certain as *Spigelia* in endocarditis. It would seem that the motor nerves were acted upon and induced with new muscular vigor. All the symptoms we have enumerated above are found in the pathogenesis of *Aurum mur.* This is the secret of the success attending the use of this medicine. I have even tried it in Basedow's disease and have only praise for the results. I prescribe *Aurum mur.* 3x, two doses a day; when amelioration is present I give only a single dose a day, and when the use of the medicine is likely to be prolonged, I administer concurrently *Glonoin* 3, in order that the patient may not habituate himself to the action of the gold, its action being exhausted by too long use.

In the gastralgic or *Crampoid* form of stenocardia the patients experience not only sternal pressure and dyspnoea when they walk, but also a continued pressure at the pit of the stomach; that pressure which appears to act from without inward, producing a sensation as if there were a ball at the epigastrium; there are empty eructations, great precordial anguish, a paralytic pain in the left arm, the neck, and nape of the neck. These symptoms indicate that the cardiac plexus is attacked, and that from here the malady extends to the gastric plexus, the brachial plexus, and even the cervical plexus. An attack of asthma may occur which puts the patient in great anguish. In the preceding form (venous stasis) it is interference with the circulation which occupies the chief role. In this form, on the contrary, there is disturbance of nervous function. In the first apoplexy is to be feared; in the second a fatal paralysis of the heart may occur. Experience teaches me that these forms are perfectly distinct, and I have never seen them change from one into the other.

*Agaricus Muscarius* is as powerful in the gastralgic form as gold in the first form of the affection. It relieves and prevents even cases the most severe accompanied by attacks of asthma. After a few doses a greater part of the symptoms grow better, and the patient is free from them for quite a time. I employ the third decimal dilution of this remedy, two doses a day, diminishing the dose as amelioration occurs. It is not well to employ it for too long a time, as the organism becomes accustomed to it. It is necessary from time to time to give an intercurrent remedy; I employ for this purpose *Kali carb.* 6, the action of which is, however, analogous to the first. This alteration is not always necessary, one of these two medicines, according to the case, often sufficing for a cure. *Agaricus* and *Kali carb.* are the most important medicines for this form of the malady; but I do not intend thus to limit the choice of medicines. There are patients who, instead of *Kali carb.*, ought to make use of *Carbo vegetabilis*, *Lactuca virosa* or *Lycopodium*, according as tympanites, pressure upon the vertebral column, or difficulty in urinating, are the predominant

symptoms. But *Agaricus* remains the principle remedy, and it alone is able to give good results.

We now come to the spinal or syncopal form; at the same time with the spinal pressure and dyspnoea is felt a pressure between the shoulders which corresponds to the sternal pressure; it is as if the thorax were held by an iron band; the patient is pale, weak and trembling with anguish; he has a small, irregular, intermittent pulse, is often covered with cold sweat, and threatens to fall in a faint.

This variety is oftenest observed in those who have become thin after having been corpulent, in persons whose health is impaired in consequence of grief, reverses, or as the result of excessive venereal indulgence; almost always such patients are emaciated, have little muscular force, are pale and cold. While walking, even in a close apartment, they are seized with dyspnoea and asthma, because motion brings about that thoracic constriction of which we have just spoken; they are better at rest because motion renews the oppression. With some of these patients, particularly those who have been given to venereal excesses, it is the painful pressure at the back which predominates, this extends toward the sternum; the accessions of dyspnoea and asthma occur later. By physical exploration one discovers dilatation of the right ventricle, feeble impulse of the heart, no abnormal sounds, but irregular and intermittent beats; often the appetite is impaired, the urine diminished; there is a tendency to dropsical swellings. Here there is cardiac debility rather than fatty degeneration; paralysis of the heart is not so much to be feared as in the preceding forms, but symptoms occur which depend upon feebleness of the heart and circulation—hyperæmia, venous stasis, dropsy, etc.

*Sambucus* 1. Two doses a day is the remedy for this form of the malady, when it is accompanied by marasmus and some spermatorrhæa. Often at the end of a few days we notice a diminution of the pressure upon the sternum and between the shoulders, of the dyspnoea, and even the asthmatic attacks. As an alternate medicine I employ *Phosphorus* 3, same dose when the symptoms of pressure are felt at the side of the sternum; when these manifest themselves chiefly between the shoulders, I accord the preference to *Petroleum* 8. I change the medicine every eight or twelve days. I have sometimes employed with success in these cases *Kali carb.* 6 as an alternate medicine. When there is marasmus I consider the employment of *Chinin.* *Sulph.* 1, two or three doses a day, as indispensable. This remedy possesses great value when there have been venereal excesses. Let me say, however, that its action is not profound, only symptomatic, and it is necessary to employ other medicines at the same time, especially if asthmatic attacks predominate. *Phosphor.*, *Cuprum*, *Ipec.*, *Verat.*, etc. Against the dropsy, cyanosis and symptoms of venous hyperæmia, I make use of *Arsenicum* 3, or *Lachesis* 3, or *Chinin. arsenicos* 1. *Nux. tom.* 3 and *Carbo veg.* 6 may be used advantageously for the want of appetite and abdominal distension.

There occurs frequently a weakness in consequence of disturbed circulation; the use of restoratives then becomes necessary in order to stimulate the contractility of the heart—two or three spoonfuls of malaga, of madeira, or of port, which the patient should have always at hand in case of necessity.

The food should be free from fats. As a drink, *Teau rouge* (1 part wine, 3 parts water). Should there be disgust for solid food, soups with eggs and farinaceous articles in small quantities may be given according to desire, but always *Teau rouge*. Beer, which develops intestinal gases, should be proscribed. Often the patients experience weakness of the limbs and require frictions. I always prescribe in such cases, for external use, the same remedies that I am using internally, dissolved in alcohol or brandy.

## DUBOISIA.\*

By C. TH. LIEBOLD, M.D., N. Y.

This new *Mydriaticum* was introduced into ophthalmic practice last year, more generally by an article from the pen of Prof. L. von Wecker, at Paris, which appeared in the May number of the *Monats-Blätter für Augenheilkunde*, by Dr. W. Zehender.

*Origin.*—The *Duboisia myoporoides* (there are two varieties of this plant, but only one of which yields the true extract on which former experiments were based) is a small tree, about twenty feet high, growing in the vicinity of Sidney, Brisbane and Cape York, in Australia. It belongs to the family of the Solanææ. The leaves and leaf-stalks are used.

*Preparations.*—An extract—so far the only obtainable article in this city—and the *Duboisia (sulphate)*, by Mr. Petit (Pharmacy Miahle, Paris). According to the latter, it differs from *Atropin* by its greater solubility in water, and a certain fluorescence of the solution. It deviates the plane to the left, while *Atropin* shows no influence on the polarized light.

*Indications and use.*—So far only the identical ones, as for *Atropin*: To dilate the pupil and to set the accommodation at rest. Both purposes it accomplishes much quicker, much more thoroughly, and much safer than the *Atropin*, as von Wecker proved by instilling equal quantities of solution of equal strength of both alkaloids, one kind into each eye of the same person, with strong hypermetropia, and a powerful ciliary muscle. Even the extract, which I have only been able to use, is borne easier by eyes which react by conjunctival irritation against *Atropin*, as I have found in a case of a cataract patient. Her very contracted pupils did not dilate at all under *Atropin*, but she had each time a severe conjunctivitis with mucopurulent discharge, certainly a very embarrassing condition if we shall operate for cataract, and a condition always feared very much by the late von Gräfe. In her case I also made a re-discovery of homœopathy, because her sluggish pupil dilated under the use of a weak solution of *Eserine* (gr. j to 3 j of water), better than under either of the *Mydriatics*, but the *Duboisia* was not followed by a conjunctival irritation.

In a case of kerato-iritis, with excessive pain, which I saw in consultation, and where the *Atropin*, though it had been used to the extent of causing dryness of the pharynx, did not dilate the pupil sufficiently and caused no amelioration of the pain, a one per cent. solution of the *Duboisia* acted very favorably and produced no constitutional symptoms. I have not noticed these in any case yet, and I have used it very thoroughly in a case of syphilitic iritis where already strong adhesions had formed; but, to tell the whole truth, I have read in an article in the "New Remedies," that a late invoice to Christy & Co., in London, was stopped because the custom-house officers thought it a new kind of tobacco, and it had to be unpacked and repacked, which manipulation caused dryness of throat and nose, dilatation of the pupils, dimness of vision in both persons who handled the drug! This proves it to be a very powerful poison, and that it should only be used with great caution.

*VESICAL CALCULI.*—M. Perrier (*Le Prog. Méd.*) reports a large calculus embedded in the posterior wall of the bladder. The first operation was by the lateral method, which was afterward transformed into the bi-lateral. Only the free portion of the stone could be removed, the other half remaining in the wall. At the end of a year, during a severe attack of cystitis, a rectal operation was performed. The stone was removed, but a permanent vesico-rectal fissure remained.

\*Read before State Society.

## CLINIQUE.

RESEARCHES ON MUSCULAR SOUND IN THE  
SOCIETY OF BIOLOGY, JAN. 17, 1880.

M. Boudet, of Paris, made the following communication: My researches have been made on the muscles of the frog and those of man. The instrument used is the microphone, similar to the one I have already presented to the society at the meeting of Dec. 13th, 1879, only in this new instrument the inferior carbon plate, in place of being held by a double spring, as in the sphygmograph, is simply fixed to the centre of a membrane of parchment, destined to amplify the vibrations communicated to it. The other face of this membrane has at its centre a little exploratory button which is applied directly to the muscle experimented upon, or which is attached by an ordinary thread to the tendon of the frog's gastrocnemius.

I have followed two methods: in the first, the gastrocnemius, completely separated from the animal, is suspended from the button of the microphone; in the second, the muscle is only detached at its distal end, and remains in communication with its vessels and nerves.

1. In the first case where the isolated muscle is suspended by a thread from the microphone, I produced electrical excitation in the following way: One of the electrodes is placed on the superior tendon at a point continuous with the suspensory thread; the other electrode dips into a little capsule of mercury which is placed in contact with the distal tendon. Thus the muscle has no weight to support, and all causes of external friction are avoided. Listening attentively the microphone reveals no sound when the current is not passing; but at each shutting and opening of the current a sharp sound is heard in the receiving telephone with each shock, and this sound is all the more intense the stronger the pile is, and consequently the more energetic the shock. If I increase the number of excitations by means of an interrupter introduced into the circuit, the muscle emits a sound whose pitch agrees with that of the interrupter, even when the interruptions exceed thirty-two per second, the limit necessary to produce tetanus, or complete fusion of the shocks. With 100 or 200 interruptions per second, and more, the muscle, provided it is fresh, always vibrates in unison with the interrupter. The intensity of the sound greatly increases when the muscle is made to support a weight of several grammes. These facts prove conclusively that the muscular sound is not the result of friction, as supposed.

2. The frog is fixed on a small board, and the gastrocnemius, detached at its distal end, is attached to the button of the microphone by a thread five or six centimetres long. Even when no current passes the microphone reveals a continuous sound of low pitch, and which is simply the muscular tone (tonus musculaire).

To be certain that the sound is not due to the circulation of the blood, I tie the main artery of the limb, or even the aorta; the sound continues with the same pitch. I can increase this pitch by increasing the tension of the muscle, that is, by elongating it slightly by means of the thread which holds it to the microphone; it is easy to obtain thus a pitch analogous to that accompanying the contraction of the muscle. In exciting the muscle or the nerve by the current of the pile, I obtain the same results which I have noted in the isolated muscle; when there is a contraction; this contraction is accompanied by a sound whose pitch corresponds with the number of electrical stimuli, and whose intensity varies with that of the stimuli.

If, in place of the current of the pile, I employ the inductive current, the muscle continues to emit sounds

even if it no longer contracts. It is then not the sound of contraction which is heard, but an electrical sound (*chant électrique*) quite analogous to that produced by the singing condensers. In fact, the muscle registers the same sound as that produced by a piece of cloth slightly moistened, or a very fine metallic thread substituted for the muscle. A sound of a pitch similar to that of the interrupting diapason is obtained by introducing into the circuit a bad conductor. The induced currents should then be discarded in investigating muscular sound, for they themselves produce a special sound easily mistaken for the sound of contraction. In other words, in a muscle tetanized by induced currents, two kinds of vibrations are heard: 1. Vibrations of muscular contractions; 2. purely electrical vibrations.

There remains another method; it is to study the vibrations, not in the muscle directly excited, but in that of an induced foot (*patte induite*). This experiment has given results entirely satisfactory, and prevents those causes of error above mentioned. The induced frog is placed on one plate and its sciatic nerve excited either by an electric current or by a diapason. On its gastrocnemius lies the nerve of another frog's foot, detached from the animal and fixed on a second plate completely isolated from the first; the muscle of this induced foot is attached to the button of the microphone. I have been able to assure myself in this way that the induced muscle always vibrates in unison with the excitatory apparatus while this muscle contracts in an apparent manner. But how has it become inexcitable? No sound is produced by the telephone, save sometimes, the sound of an isolated shock at the beginning of the excitation. In placing then the microphone on the muscle directly excited (muscle inducteur), I always notice the sound of the interruption of the current, that is to say, the purely electrical vibrations which the induced foot cannot transmit. The same microphone applied on the strong muscular masses of man, such as the biceps or the anterior crural muscles, indicates perfectly the dull and continuous rolling sound due to normal muscular tone (contraction). The pitch rises in proportion as the contraction becomes stronger. This experiment confirms the observations of Prof. Marcy, who has heard the pitch of the masseter rise one-fifth while contracting it with increasing force.

The noise heard during the repose of a muscle has been attributed to the circulation of the blood in the muscular substance and especially in the skin. This objection is met by the following experiment: I apply the Esmarch bandage on the arm and make the subject place the index finger lightly on the exploratory button of the microphone. The rolling sound persists with the same pitch.

I have attempted to verify these experiments by an instrument which is not electrical, and which therefore is exempt from all the causes of error imputed to micro-telephonic apparatus. The difficulty was to obtain an instrument as sensible as the microphone. Here is the new stethoscope which I present to the society and which appears to unite the necessary conditions for the auscultation of muscular sounds. Most of the new stethoscopes destined to reinforce sounds are furnished with a resonant box which is traversed by the sonorous vibrations before they reach the tympanum of the observer. The form of these resonators varies, but they all agree in this respect, that the auscultating ear is outside them, and not within them.

Starting with the principle that the sounds are most intense in the interior of the drum, I fixed at each extremity of the ordinary stethoscope a tensely stretched membrane of parchment; then on the cross cylinder which unites these two drums I made a small opening to which I adapted a caoutchouc tube bifurcated and terminated by two elbows of horn which are introduced into the external meatus in order to give a bin-



auricular audition. In this way all the vibrations are communicated to one of the membranes, and are amplified in this drum stethoscope, and then go directly to the tympanum; in short, one listens within the drum itself.

This application is so delicate that the extremity of the finger applied on one of the membranes, or better, on the exploratory button fixed at the centre of this membrane, produced a very appreciable rolling sound (*bruit du tonus*), and the sound becomes almost insupportable if the muscles of the finger are contracted. Attaching to the centre of the membrane the tendon of the frog's muscle, the different sounds are heard which the microphone reveals. The instrument which I present is in metal to make it more solid and to facilitate its use. I hardly need add that this instrument renders the auscultation of heart and lungs much more easy than with the instrument generally employed.—E. R. C., Trans. "La Progrès Medical," Feb. 7th, 1880.

### TREATMENT OF EPISPADIAS.

M. Duplay (*Le Prog. Med.*), in modifying the operation as performed by Thierch's of Leipzig, gives the following steps: In the first place he straightens out the cavernous body; for this purpose making upon the antero-superior surface of the epispadias several transverse incisions, by means of which he is able to direct the penis downward and maintain it close against the scrotum. The tendency of the penis is to rise and retract upon the pubis. When the position is maintained through cicatrization of the incisions, he performs the second operation.

This consists in freshening the lateral edges, or better, a part of the exposed mucous membrane of the urethra; so that, in place of following Nélaton's method in borrowing the flaps of skin from the abdomen or scrotum, flaps loose and without resistance, he re-forms the penis from the tissues of the penis, and endeavors to unite upon the median line the cavernous bodies extended by means of the superior fissure. He then makes upon the lateral surfaces of the superior face an incision of about six millimetres; but if the extent of mucous membrane upon the median line is not enough to constitute the future canal, he makes an antero-posterior incision deep enough to receive a portion of the sound upon which the freshened edges are to be united and sutured. The sutures extend from the gland to the pubis; but do not obliterate the orifice, and the urine can escape without passing to the outside of the sound contained in the new canal. M. Duplay insists that the suture shall be an uninterrupted one, so as not to provoke a stricture of the tissues. This long suture is able, from the first, to be maintained in its whole extent; but with the interrupted suture some threads may escape, and thus necessitate a later intervention.

In the third step, he connects the two canals, the old posterior one and the newly-formed anterior one; or rather, he causes to disappear the fistula remaining at the pubis. For this he does not need any flaps from the abdomen, but simply trims the edges either before or behind, or transversely, and unites the edges of the wound with sutures.

The fourth step consists in making a large opening at the base of the stretched prepuce, passing the gland through, and dividing the prepuce, of which one part is used to re-cover the gland and the other part to cover the back of the new penis, the appearance of which is not, as yet, perfectly presentable. The skin from the prepuce finishes the operation very nicely so far as the form is concerned.

M. Duplay presented two cases operated on in this manner. One has almost a perfectly-formed member, length sufficient, copulation very easy, no incontinence of urine.

M. Anger, in discussing the operation of Duplay, referred to an operation performed by himself on a child 5 years of age. It had required four years, but the result was a complete success. He had operated in a second case complicated with exstrophy of the bladder. In this case he had made use of an abdominal flap in order to form an anterior wall; he had also used a scrotal flap to connect with the former. He used this second flap to combat the retractility, in an inverse sense, of the superior flap. But this procedure had a second advantage: the perineal flap retracting had caused the curvature of the penis to disappear, and thereby avoided the transverse sections used in a similar case. Unfortunately the patient died of variola before the operation for restoration of the urethra could be performed. (T. M. S.)

### CYSTIC AND FIBRO-CYSTIC NON-CANCEROUS TUMORS OF THE UTERUS.

M. Péan (*Le Prog. Med.*) gives three varieties of these tumors: 1st. Tumors arising from retention due to temporary or permanent obliteration, or to congenital or accidental atresia of the neck of the uterus. Among the latter he classes those tumors of the mucous membrane which form a plug and thereby retain the fluids normally discharged.

The second variety includes the utero cystic tumors, or cysts developed in the muscular walls of the neck or body of the uterus, and which are capable of extending into the side of the abdomen, and acquiring a size sufficient to threaten life. The writer calls attention to the difficulty of diagnosis in these forms of tumors, to the advantage of non-interference so long as the organism tolerates them, and to the value of the operation of hysterotomy, when the size of the tumor threatens the life of the patient.

The third variety includes the fibro-cystic tumors. These tumors develop in the body and neck of the uterus. When the diagnosis is sufficiently established and the size of the tumor gives no great inconvenience, or does not demand an operation, it is better not to interfere with them; but if the contrary arises, he does not hesitate to combat them with surgical treatment. He advises their removal through the vagina, either by incision or tearing off, whenever practical. He would note, however, that when the tumors are sessile, large, and too deeply located to be extracted, it is not advisable even when the tumor is almost entirely cystic to expect too much from the treatment by incision and suppuration. When the tumor develops itself in the side of the abdomen and acquires a large size, he advises hysterotomy. When the liquid portion of the tumor predominates, a short incision through the abdominal walls and the puncture of the sac suffices for the extraction. When, on the contrary, the solid portion is so voluminous, that, in order to extract it, it would be necessary to prolong the incision to the epigastrium, he has obtained the best results from his procedure of removal by pieces, which allows the diminishing of the volume of the tumor without increasing the duration of the operation, or exposing the patient to the risk of hemorrhage. He thinks that those surgeons who have obtained unfavorable results from this operation have not followed his plan in every particular.

In conclusion, the Doctor gives the results of 46 hysterotomies, which he has practiced for the purpose of removing solid or liquid tumors of the uterus. They are as follows: Fibroids, 32; hypertrophy, 1; fibro; cystic, 8; utero-cystic, 4; tumor from retention of normal fluid or matter thrown out in consequence of a plug formed by a tumor in the mucous membrane, 1. His experience has been similar to M. Duplay, who remarks that hysterotomy is much more favorable for cystic or fibro-cystic tumors than for those extremely

solid. While the 33 operations for fibroid and hypertrophy gave 21 cures and 12 failures, in the 8 fibro-cystic tumors he had 5 cures and 3 failures. The four utero-cystic tumors gave four successes, as also in the case where there was, at the same time, a tumor from retention and an interstitial cyst of the uterus. These results are encouraging from the fact that the cases of fibroids requiring interference are rare, while the progress of the fibro-cystic tumors is rapid. (T.M.S.)

### BASEDOW'S DISEASE.

By F. S. WHITMAN, M. D., BELVIDERE, ILL.

I have no new or startling discoveries to present concerning the etiology and pathology of this disease, but write this article almost solely for the purpose of drawing attention to a case successfully treated by homœopathic remedies. It is very desirable on many accounts that the name of this disease should be so changed as to indicate the characteristic lesions present, as for instance exophthalmic goitre, instead of merely the name of the doctor who first described it. Before proceeding to mention in detail the treatment of the case mentioned above, I will briefly give the etiology and pathology of this disease, carefully culled from the most reliable authors.

By the term "Basedow's Disease," we recognize a collection of symptoms characterized by palpitation of the heart, swelling of the thyroid gland and exophthalmus. Are all three of these principal symptoms present in every case? No, but they generally are. Women are more subject to this disease than men in the ratio of two to one, and it seldom occurs after the climacteric. Its cause has been variously attributed by different authors to chlorosis, anemia, heart disease, and other troubles; but the most generally received opinion at the present time is that the disease is a pure neurosis. Among the three principal symptoms above mentioned, acceleration of the heart's action is generally the first to make its appearance; then after a variable, but generally a considerable period, exophthalmus occurs, and lastly, swelling of the thyroid gland. Amenorrhœa, generally, but not invariably, is present in the case of female patients. The disturbances of the nervous system are very marked, and nutrition becomes very much impaired. Altogether the victim of this disease drags out a miserable existence. The disease, unless relieved by remedial measures, is generally protracted and the prognosis doubtful.

Mrs. P—, the case whose treatment I wish to narrate, was a lady about thirty-five years of age, the mother of four children. She had all the symptoms detailed above as characteristic of this lesion in a very marked degree, and in addition thereto a severe diarrhœa, worse in the morning, which I presume was not attributable to this trouble. She had resided in Pennsylvania for about eight years; her trouble had been coming on for about two years; the ankles were œdematous; the eyes protruding; the goitre very large; the nervous system completely shattered, and the patient so weak she could sit up for a short time only. Her appetite was very poor, urine scanty and milky, and menses entirely absent for four months. I undertook this case with scarcely any hope of a cure. I first gave *Pod.* 3, x trit., for the profuse morning diarrhœa, with the result of checking it nicely in about a week. I then, after a careful study of the symptoms, gave *Arsenicum* and *Digitaline*, in alternation, giving the former in the dose of one drop of Fowler's solution and the latter at the 3x trituration. I continued this treatment for three months, giving the medicines at longer intervals, a gradual improvement occurring all the time; the menses also returning. At the end of that time all medicine was stopped. Over three years

have elapsed, and as the patient still remains well, I think a substantial cure can be claimed.

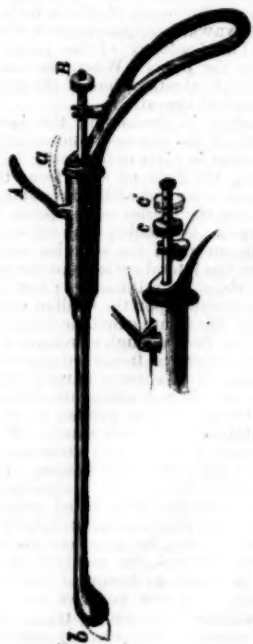
In closing this article I wish to say that I never have been able to secure any satisfactory results from Keith's or kindred preparations of *Digitaline* in triturations, and so have come to rely solely upon the pure French alkaloid, trituated to the desired potency.

### A NEW CONCEALED BISTOURY.

By CHARLES E. JONES, M. D., ALBANY.

The frequent necessity of relieving the intumescence of suppurative tonsillitis, peri-tonsillar and retro-pharyngeal abscesses, has led me to consider the rude and often inadequate means with which this is accomplished.

The mode in vogue of protecting to near the point, with a bit of old linen, an ordinary abscess bistoury, and then incising the swelling, is objectionable, on account of the liability of wounding the mouth. The impaired mobility of the jaw so reduces the perpendicular diameter of the oral cavity that, in struggling children and nervous adults, great care is requisite to prevent cutting some part of the mouth; and thus what should be a very simple, becomes an annoying and vexatious operation.



To fill this, which I consider an instrumental want, permit me to present for your consideration the concealed bistoury represented in the above cut.

The fenestrated handle, resting in the palm of the hand, should be firmly grasped, the index finger lightly touching the trigger A. The instrument is then introduced through the mouth and when the desired position is attained, the trigger is quickly and firmly pressed down, as shown by a; this, through the action of a compression spring, pushes the lancet forward, as indicated by the dotted line b. By simply removing the pressure from the trigger, the blade will spring

back within its sheath. The adjusting screw B, regulates the protruding distance of the knife; or, in other words, the depth of the cut. Its action is illustrated in the smaller drawing, by c and c'.

**MODIFICATION OF THE EPITHELIAL LAYERS OF THE SKIN IN HEMORRHAGIC VARIOLA.**—M. Cuvier (*Le Prog. Med.*) recalls the fact that in the normal variola pustule we find a special alteration of the epidermic cells, which are swollen and hollow; sometimes these cells thus altered communicate between themselves and form a cavity, and thus results a space circumscribed by the same envelope as the cells; in these spaces we notice leucocytes, more or less numerous.

In the hemorrhagic variola the cells of the malpighian corpuscles present the same alteration. They are, moreover, filled with red globules and with granulations; at the same time we can perceive the presence of a very fine network formed by the fibrine. The blood flows with great rapidity into the corpuscles.

The vessels situated on the border of a hemorrhagic pustule are not broken at any point, but their endothelial cells, swollen to a great degree, diminish their clearness and present a radiated form, and are filled with blood globules. These alterations do not explain how the red globules leave the vessels and find their way into the pustule of the hemorrhagic variola.

**NUTRITIVE VALUE OF THE PEPTONES.**—We find in *Le Progrès Medical*, under this title, a short resume of late physiological experiments upon this subject, and the presentation of two clinical cases confirming not only the value of peptone as a nutrient agent, but also the benefit arising from rectal alimentation.

The first case was one of atonic dyspepsia and nervous prostration. Nothing would remain on the stomach. He was given every day 250 grammes of peptonized beef finely cut, and 110.0 grammes of Liebig's Extract. This regimen was continued for two years before he could return to the use of solid articles.

The second case was a woman fifty-six years of age, suffering from carcinoma of the stomach. The ability to take any form of nourishment was lost. Injections of wine and broth were tried, but without avail, since the patient grew weaker every day. Injections given twice a day, and containing each 45 grammes of peptone, equal to 90 grammes of meat, produced evident amelioration, and at the present date had been in use for four months.

**HYSTERIA—VASO-MOTOR AFFECTIONS.**—M. Dujardin-Beaumez (*Le Prog. Med.*) called the attention of the society to a woman in whom the least touch of the skin provoked immediately the appearance of an eruption analogous to that of urticaria. Characters or designs traced upon the skin with the finger took on an eruptive character, and this eruption remained during four or five hours. The temperature in these places was higher than in the surrounding parts. M. Vulpien had noticed a similar fact in a non-hysterical man. In another hysterical patient, M. Dujardin-Beaumez noticed the same phenomenon follow from the application of a magnet or punctures. After an interval the eruption enlarged, and presented in a marked manner the characteristics of clusters of urticaria. M. Constantin Paul had noticed in one patient an alternation between the urticaria eruptions and intense hepatic pain. It is reasonable to suppose that there were produced, about the liver, vaso-motor troubles similar to those upon the skin.

**POLYPUX EXCRESCENCES OF THE URETHRA.**—Dr. Terrillon (*Le Prog. Med.*), in an article on the relation of these excrescences to tubercularization of the urinary organ in females, says: "The polypi excrescences of the urethral orifice in the female, present, in an etiological point of view, two distinct varieties. The one is idiopathic or due only to a slight irritant cause.

The prognosis is favorable. Ablation in these cases brings a rapid cure; they are the most frequent.

"The second variety, on the contrary, although possessing the same external characteristics as the preceding, accompany or precede urethritis or tuberculous cystitis, of which they constitute an important symptom. The prognosis is grave on account of the general affection. They serve as an important diagnostic guide to tuberculous of the urinary organs often so difficult in the female. Treatment brings little or no relief."

**GROWTH OF THE FŒTUS DURING INTRA-UTERINE LIFE.**—M. Hamy (*Le Prog. Med.*), says: From the moment of conception until the age of two and one-half months the growth of the embryo is in regular progression; it is at this age that the embryo becomes a fœtus. At this moment the size is 22 mins. (.858 ins.). From two months and a half to five months the course is more ascending; from five to nine months more regular. We give the measurements:

3 months.....	59 millimetres (2.301 ins.)
3½ ".....	95 " "
4 ".....	138 " "
5 ".....	256 " "
6 ".....	314 " "
7 ".....	380 " "
8 ".....	416 " "
9 ".....	485 " (19.015 ins.)

Mr. Hamy, in continuing his researches in the negro race, where his observations are naturally less numerous, has noticed that the fœtus is always smaller than in the white race. At four months it is 109 mins. (4.251 ins.); at nine months it is 420 mins. (16.380 ins.).

**SENSE OF SPACE.**—M. Duval (*Le Prog. Med.*), asserts that the auditory nerve has two distinct roots—the one posterior, arising from the nucleus described by all authors, the other anterior, arising from a nucleus of motor fibres. Several fibres of the anterior root extend to the cerebellum. Now, we know that the cerebellum is the centre of co ordination. Since the physiological researches of M. de Cyon upon the sense of space, and other pathological facts tending to prove that vertigo has for its cause a lesion of the semi-circular canals, M. Duval concluded that the anterior root of the acoustic nerve forms the nerve of space, of which the semi-circular canals are the peripheral organs.

**PATHOLOGICAL ANATOMY OF URTICARIA.**—M. Vidal (*Le Prog. Med.*) presented to the Hospital Medical Society a histological preparation of a piece of skin affected with urticaria, removed from a living subject. Around the horizontal section the vessels were found congested and engorged with blood. In the centre, scattered white globules in great numbers could be seen between the tissues of the derma, in the papules, and even in the deepest layer of the epithelium. These lesions partake of the character of an acute oedema, analogous to the artificial oedema produced by the injection of water under the skin.

**CHANGE IN THE MAXILLARY BONES IN ATAXIA.**—M. Vallin (*Le Prog. Med.*) has noticed in several cases of locomotor ataxia, a falling out of the teeth, which occurs without caries or pain. A thinning of the bone, in consequence of which the tooth is spontaneously loosened from its alveola, occurs along the edge of the alveolar border. There is here a trophic alteration of the maxilla, not yet described, which deserves attention, since it may be a phenomenon of the disease.

**TUBERCLES IN SEROUS MEMBRANES.**—M. Kiener (*Le Prog. Med.*), has been making experimental researches upon the location, structure, and development of the tubercle in serous membrane. According to this author a tubercle, in its first period of development, is nothing but a lacteous or milky spot. In a more advanced degree the tubercle represents a mass of vessels having undergone a special degeneration.

(T. M. S.)



# The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

## HINC ILLE LACRIMÆ.

Governor Cornell, in the discharge of his official duty, nominated a health officer for the port of New York, which nomination was promptly confirmed by the Senate. The duties of the health officer are to prevent the introduction of disease from vessels coming into the harbor, and, as a part of our *City Board of Health*, to watch the sanitary and hygienic conditions of a great city and carry into effect such measures as are necessary to protect the lives of our citizens. It will be readily seen that the position is a most important one and should not be intrusted to incompetent hands. New York is the commercial city of the continent. The goods and passengers daily arriving here are distributed through every State and Territory in the Union, and the responsibility of guarding from pestilence, through this great commercial entrance of the continent, not only a city with a million of lives, but the immense country back of it, is so vast, so far-reaching, that we can hardly conceive it possible for any one who is not insane, or so stupid that he should be placed in the hands of guardians, to make the appointment, on the one hand, simply for political purposes, or on the other, in submission to the dictation of a medical ring.

These remarks suggest themselves to us from the lecture which the *Medical Record*, in a recent issue has given the Governor on the appointment of Dr Smith, from the centre of the State, to the position of health officer of the port of New York. The Governor is accused of making his selection without the slightest regard for fitness. "Disregarding the opinion of the profession, he has selected a man without experience, unknown to the profession, and whose only qualification is that he was an active politician and performed a good deal of hard work for the party to which he belongs. He has used his

high office as if it was his personal property, and as if his appointments were to be such as to carry out his political and personal wishes."

We have all heard of and deplored the license of the daily press, but for impudence, for bitter personality, for school-boy logic and senseless declamation, the medical press take the lead. According to the logic of the *Record*, the Governor of this great State must be either too stupid to see further than the end of his nose, absolutely demented, or insane enough to be shut up within the walls of a mad-house. No one ever supposed until the brilliant lecture of the *Record* that Governor Cornell was either a fool or quite insane. He has been credited with rare common sense, with a laudable ambition, with a conscientious desire to stand well before the community, and with a wise forecast of the future. Is it likely, in his first official career, with the choice between a brilliant and honored future or a disastrous failure, he should coolly court the latter, by placing in responsible positions men incompetent for their work, whose mistakes would cover him with disgrace and urge him on to political ruin? The record of the executive rests in a great measure upon the completeness of his work, and every incompetent officer reflects back upon him with terrible force.

The laws of sanitary science, of infection and contagion, are the same the world over, and it is quite possible that a man from the centre of the State, unknown to the great medical ring—that mutual admiration society which contains, in its own estimation, the concentrated medical wisdom of the world—might still have sufficient common sense to post himself thoroughly upon the principles of a science upon which so much has been written, and surround himself with men of sufficient intelligence to carry out a practical and scientific plan. Dr. Smith, as the nominee of the Governor of the State, confirmed by the Senate, should be respected by the profession and upheld as a public officer by every good citizen until he shows signs of incompetency or violates his high public trust. The men who would seek to crush him in advance, not only insult the Governor and the State but show their own lack of that gentlemanly courtesy which should form a part of the conduct of every physician.

There is one drop of consolation, the *Record* finds, in the appointment of Dr. Smith. He belongs to the regular profession. This probably saves the Governor from utter annihilation at the hands of these large minded gentlemen of the regular profession. The great crime of the Governor, in the eyes of the *Record*, is that he has refused to submit to the dictation of a medical ring, and has been guided in his appointments by his own good sense, aided by the best information to be obtained. Hence these tears.

### UNDER THE SHADOW OF DEATH.

For many years no event has touched the hearts of our citizens so deeply as that terrible disaster at Madison Square Garden, during the progress of the Hahnemann Hospital Fair, which buried beneath falling walls more than a score of human beings. Three were taken from the ruins, the life crushed out of them so suddenly that the interval between the full strength of life and death could have been but a moment. One lingered in pain for a few hours and then died, and more than twenty were taken to their homes with injuries more or less severe.

The fair for the free beds of Hahnemann Hospital was in the full tide of success. Between two and three thousand of the best people of New York were in the vast building. As the throng of elegantly-dressed ladies and gentlemen wandered through the building, illuminated with variegated lights and decorated with Chinese lanterns, and artistically constructed booths, the music floating through the air and mingling with the hum of conversation, the scene reminded one of fairy land.

Suddenly, in the midst of this gayety, when every heart seemed glad, a dull, heavy sound strikes the ear, a rush of trampling feet is heard; but the music, which for a moment had ceased, again strikes up; a dozen voices cry, "No danger," and a panic, in which hundreds of lives might have been sacrificed, is prevented. Nearly the whole front of the building, including the picture gallery, the dancing hall and a portion of the restaurant, had fallen. From the ruins the dead bodies of Mrs. Hegeman, Mrs. Willets and Ann Conoly were carried to the homes they had left a short time before full of life. Col. Tilleston was carried to the hospital with fearfully fractured limbs, and died in a few hours, and the other injured taken to their homes.

Mrs. Hegeman was one of the most active promoters of the fair, and was killed while leaving the building. The ladies of the fair association have purchased a bed in the hospital, to be called the Hegeman free bed. Mrs. Willets was one of the most beautiful and accomplished ladies in the city, and was killed while entering the door. The coroner's jury censured severely the owners of the building and the city Superintendent of Buildings. Pictures to the value of nearly thirty thousand dollars were destroyed.

The promoters of the fair, coming out from this shadow of death, which had so long brooded unseen over the scene of their labors, felt in no heart to continue their work; but as many valuable articles remained unsold, they were removed to the 22d Regiment armory, and the fair re-opened for a few days. The amount obtained for the fund, as near as can be ascertained, is about forty-five thousand dollars; of this amount Judge Hilton donated ten thousand

dollars, Mr. R. L. Stuart ten thousand, Mrs. A. T. Stewart ten thousand, Mrs. H. Smith three thousand, and there were several other donations in sums of from one thousand dollars down. The cost of supporting a free bed is three hundred dollars, so that several free beds can be supported from the interest of this fund.

It is a question, the consideration of which we commend to the public, if funds cannot be raised for charitable institutions in some better way than from these fairs, in which the labor falls so heavily upon the ladies. Nearly every woman connected with the active management of a large fair finds herself at its conclusion utterly exhausted. Are the results worth the expenditure of labor and health?

### THE MEDICAL RECORD AND THE COMMISSIONERS.

In a characteristic article upon Homœopathy in the Boston City Hospital, the *Medical Record* says: "The New York City Hospital has turned to be a harmless institution. Treating as it does chiefly chronic and incurable cases, it probably furnishes interesting opportunities to study the natural course of diseases." We suppose it would be too much to expect a "regular" medical journal, or a "regular" physician to tell the truth where homœopathy is concerned. The *Record* had only to consult the published hospital reports to show the utter falseness of its statement. Those reports show the homœopathic hospital on Ward's Island to be the most successful institution under the control of the Commissioners. When the institution passed into homœopathic hands the Commissioners promised that it should receive its *pro rata* of patients according to its number of beds. We were entitled to one in four, not of chronic cases, but as they presented themselves to the department. It is true efforts have at times been made by the "regular" distributing physician to set aside this rule and send us only chronic and incurable cases, but this irregularity, when brought to the notice of the Commissioners, has been promptly set right, and the officer sharply rebuked. We have reason to believe the Commissioners have at all times acted with perfect fairness toward our institution, and are quite satisfied with its condition and work. This wholesale perversion of truth may be, and probably is, a slight matter with the "regular" profession, but they may some day learn that the great public will place its own estimate upon "these tricks that are vain and ways that are dark" of the "regular" medical profession.

THE next World's Convention of Homœopaths will be held in London, England, in 1881. We hope the publication of its transactions may not be delayed four years!

## AMERICAN INSTITUTE.

The annual meeting of the Institute will be held this year at Milwaukee, June 15 to 18, 1880, and we may expect a welcome characteristic of Western hospitality.

There are still large breakers ahead, and it will require a very steady hand at the helm to avert catastrophe. Great indignation prevails, especially among the younger members, on account of the unbusiness-like manner of doing things, together with the assumptive egotism and arrogance manifested by some of its leading members and managers. The actions of some of these are as if they never heard of, or lack appreciation of, the spirit of the "Golden Rule," on which our "Code of Ethics" is claimed to be based. It is now four years since the "World's Convention," and still its transactions have not seen the light, and we are two years behind in the publication of the regular volumes of transactions, the last issue being that of 1877! Do our officers expect its members to continue their contributions under such management as this? If they do, they will find themselves mistaken!

But you will say, "Who is to blame for this; why do you not attend the meetings and place those in authority who will do better?" To which we reply that there is little use in attempting to fight an organized party bound to run things as its caucus shall dictate, regardless of fairness or the best interests of the general cause. It is not worth the cost!

We have not forgotten the eccentricity which violated the printed order of business three years ago, and many other acts unworthy of any body of men claiming to be working in the interest of science!

What good has the Institute ever done the profession?

Is the organization as at present, worthy of the title "NATIONAL"?

We think many of our State Societies have done much more than this so-called *National* organization in promoting the interests of the profession at large; their transactions, nearly as voluminous, are much more promptly issued.

We have been called fault-finding growlers, and if we are, it is not our fault, for as journalists we are bound to attack *irregularity* and chicanery where ever we find it, when brought to our knowledge.

So long as our School is the resort of scape-goats and quacks, we must expect to be confronted with disagreeable occurrences and non-professional actions.

Our code of ethics in many localities is a dead letter; violation is of daily practice, and there is no effort upon the part of any body to enforce its principles.

In conclusion we assert that the American Institute

of Homœopathy will not be worthy of the support of educated professional gentlemen until it learns to maintain the code of ethics based upon a liberal interpretation of the *Golden Rule*.

## BIBLIOGRAPHICAL.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.  
New York: Wm. Wood & Co., 27 Great Jones St. 1880.

The enterprise of the publishers in 1879 in issuing a volume each month of some standard medical author, at a mere nominal price, was so successful that they have announced for 1880 a series of works, *original* and *translated*, selected and prepared especially for this Library. The Library is issued in a more elegant form than that of 1879; the works are larger, and many of them written by some of our most practical workers and popular writers in their specialties. One volume appears each month, and the cost of the entire Library will be only fifteen dollars. The works could not be had in any other way for more than double the present subscription price, and the publishers depend upon large sales for remuneration in their most creditable and praiseworthy enterprise in giving to the profession the cream of medical literature at a price which every one can afford.

The series opens with a "Treatise on Foreign Bodies in Surgical Practice," in two volumes, by Alfred Pculet, M.D., Adjutant Surgeon Major, Inspector of the School for Military Medicine at Val de Grace. This is the first attempt to bring together in a single book the material which is scattered throughout the annals of science concerning the question of foreign bodies. The work is by no means an undigested compilation of cases taken at random, but the subjects are systematically arranged, and the diagnosis, cause, surgical and general treatment carefully discussed, with illustrations of instruments and conditions when necessary. The publishers could not have opened their Library with a more practical work or one more needed.

The second work in the series is a "Handbook of Physical Diagnosis," by Dr. Paul Guttman, Privat Docent in Medicine, University of Berlin; translated from the third German edition, and illustrated with a large plate of the colors of the urine and eighty-nine wood engravings. The design of the Handbook is to present a concise description of the various methods pursued in the clinical examination of the larynx and the thoracic and abdominal organs in health and disease, and an estimate of the diagnostic value of the results so obtained. The fact that the work has rapidly passed through three editions in Germany and has been translated into English, French, Italian, Spanish, and Russian, is sufficient proof of its practical value.

The third work in the series is on Venereal Diseases, by E. L. Keyes, A.M., M.D. The aim of the author to present the various venereal diseases as concisely and yet as clearly as possible has been entirely successful. Much of theoretical discussion upon mooted points has been avoided, but all the important questions of diagnosis and pathology are clearly and ably presented. The author very justly maintains the marked distinction between the poison of syphilis and chancroid. In very many important cases he takes decided homœopathic ground as regards the specific remedy and its mode of adminis-



tration, preferring, when he desires the tonic action of the drug, small doses long continued to the violent forms of medication of the past. The publishers cannot fail to receive that substantial support which their effort to place good medical literature within the reach of all so richly merits.

**THERAPEUTICAL MATERIA MEDICA**, containing the Chief Symptoms and Clinical Uses of 216 remedies, arranged upon a new and available plan for study and practice. By H. C. Jessen, M.D. Chicago: Halsey Bros., 1880. Pp. 220, quarto.

When Dr. Farrington discontinued the publication of his Comparative Materia Medica work as an appendix to the *Am. Jour. of Mat. Med.*, all students in this department felt deep regret, for his work was not only that of an experienced master-hand, but the material was so arranged, analyzed and compared as to make it of great service both to the student and to the practitioner as well. It was far superior, practically, to that of Gross, which preceded it.

The volume which lies before us is another effort to popularize the study of Mat. Med. comparatively—a mode which we will admit is the only proper one to pursue in the study of this important branch.

We do not see that the *schemata* upon which the work is done is so particularly different from that followed in other similar works to entitle the "plan" to be called "new," as the author claims.

The enterprise and enthusiasm which would make such a work possible we thoroughly appreciate, for none but those who have done similar service can understand the task involved in such an effort.

Dr. Jessen has made the same mistake that others have made before him, viz., by attempting to repeat too much symptomatology. Many of his comparisons are spun out unnecessarily and to an extent unwarranted by either the provings or by the clinical experience with the drugs compared.

We like his "plan" of placing the "leading therapeutics" at the head of his comparisons, as it prepares the way to a better understanding of the study of special organs and tissues.

The work must prove of great service, especially to students, and we sincerely hope the author will receive sufficient encouragement from its sale to continue his efforts in this direction.

#### THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.

By C. Hering, M.D., vol. II. Philadelphia: The American Hom. Pub. Society. J. M. Stoddard & Co. 1880. 506 pp.

We have received the second volume of Father Hering's life-work, as we expected, and it embraces *Arnica montana* (Radix) to and including *Bromium*. It is a real pleasure to consult such a work as this, both in respect to the material it contains, and also to the arrangement which makes it so easy of reference.

The concise historical notes which introduce us to the symptomatology of each drug considered are invaluable, containing as they do much information to be found nowhere else, and all of the greatest value.

We shrink from offering anything that might be construed into an unfriendly criticism, respecting the work of our highest Mat. Med. authority, but we cannot resist the impulse to assert that in our opinion the work should be more condensed, especially in respect to many of the newer remedies.

We have had just enough experience in condensation of this kind to appreciate how hard it is to do, but nevertheless we think it ought to be done in order that we may have only what its title indicates, "*Guiding Symptoms*."

Clinical experience is not sufficiently advanced to expect to furnish the "guiding symptoms" of all drugs,

and we only regret the publication of so many unimportant symptoms, as well as the frequent repetitions, because they may deter some from consulting its pages because of the bulk.

By including so much, the work becomes *encyclopedic*, and that is not what we want, and we think not what is intended to be given as "*guiding symptoms*."

For our own use we would read the symptomatology backward.

We prefer to know the "relationship," "stages and states," "tissues," "sensations," "locality and direction," "rest, position, motion," etc., before going into the study of special organs, as we are then prepared to do more understandingly. Students in this department cannot afford to be without the work entire, and we congratulate the Publishing Company upon its enterprise in forwarding the publication of so important a work as its initial effort. The physical part is unexceptionable.

**THE ESSENTIALS OF ANATOMY.** Designed as a textbook for students, and as a book of easy reference for the practitioner. By William Darling, M.D., F.R.C.S., Professor of Anatomy in the Medical Department of the New York University, and Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the New York University. G. P. Putnam's Sons.

We have awaited the appearance of "*The Essentials of Anatomy*" with great interest and no small degree of expectation. Professor Darling has long stood preëminent as an anatomist and as a teacher of anatomy, and in the lecture room has divested a dry subject of its tediousness and ambiguity for a small army of M.D.s by infusing it with the influence of his rare scholarship and philological attainment. In reading the book his old students will be irresistibly carried back to the lecture room and see him standing before them, full of fire and bristling with wit and wisdom, anecdote and illustration.

Professor Ranney is well known to the profession through his work on Surgical Diagnosis.

In forming an opinion of any book it is primarily important to reach a comprehension of its intent and scope as laid down by the author in his preface. The preface should embody the author's idea, the book itself the elaboration of the idea. The authors of "*The Essentials of Anatomy*" disclaim any attempt "to supersede or rival the works of such famous authors as Quain, Gray, etc.," but recognizing in the great advances that are being made in the study of histology and minute anatomy a tendency on the part of anatomical instructors to "forget that the medical student must creep before he can walk, and that by a thorough comprehension of those anatomical facts which are comprised in *gross anatomy* only, can he either appreciate or properly value the higher grades of anatomical investigation," they have sought to arrange, condense, and tabulate the essential facts of gross anatomy so that the student may gain, and the practitioner readily retain, a bird's-eye view of the subject.

Such we understand to be the object the authors have in view—to make the book an aide-de-camp to memory and a field-glass for the understanding. As to the manner in which this idea is carried out there can be but one opinion; the book is pregnant with comprehensive tables and succinct descriptions of parts; the relations that pertain to each other and to the whole are so arranged that the mind, in remembering one member of a group, can hardly fail to recall the group. As examples of this, we would cite: the table, inserted at page 76, of the foramina communicating with the interior of the cranium, and the organs which they transmit; the tables of motor nerves to the extremities, inserted at pages 300 and 380; the tables giving the origin and insertion of muscles; the tables of the branches and relations of arteries.

There seems to be a greater terseness and a more careful condensation displayed in the first part of the book than in the latter portion, and we would suggest a rectifying of this in the next edition, by giving the Paris devoted to the discussion of Angiology, Neurology, and Splanchnology careful revision and pruning.

This book is the outgrowth of a system of teaching to which Professor Darling has devoted his life, with a success to which his crowded lecture rooms amply testify. We know there are those who do not regard condensed medical books with favor, who stigmatize them as cram books, and deprecate the methods of study that make them a necessity; but the amount of work that is demanded of medical students to-day, and the extent of ground over which they must go and ought to go to attain their degree, make books of this class indispensable to them, and invaluable to the practitioner for purposes of review; indeed, we fail to see why prolixity in medicine is any less a cloak for inaccuracy than it is in any other department of science; and "The Essentials of Anatomy," which is emphatically *multum in parvo*, is a book which must gain a substantial recognition from students and practitioners, because it gives them in a single table and a single paragraph facts, to gain which they would be compelled to abstract from pages of the more diffuse and exhaustive treatises.

#### TRANSACTIONS OF THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA for 1878 and '79.

These little volumes contain much valuable matter, which will find its way into our "Retrospect" in due time.

The association evinces an enterprise and promptness which should be imitated by all our societies.

### CORRESPONDENCE.

#### ON THE WING.

With a portmanteau in his hand, a railroad cap in one pocket, and a copy of the HOMEOPATHIC TIMES in the other, your correspondent poised himself, one day in March, for a fly among the doctors.

Alighting at the enterprising and beautiful city of Syracuse, he repaired to the pharmacy of Fitch & Hamilton, who, while keeping a full line of drugs, have also a separate room in which they have a very full stock of homeopathic medicines.

Through these accommodating gentlemen I learned that the brethren in Syracuse had largely clustered on Warren Street, like juicy grapes on a stem, and when I saw them a little later, and talked with them, I appreciated the propriety of the simile. The rich fruits of long experience, garnered by such veterans as Brewster, Bigelow, and Seward, and the fine promise of some of the younger men, cheered the heart of the visitor.

Dr. E. O. Kinne, although a recent comer, has already won a place in the kind regards of both the community and the profession as a specialist in diseases of the eye.

There were many others, some of whom were not at home and others whose offices were in other parts of the city, that I would have been pleased to compare notes with, but I had assigned only the time from one train to the next for Syracuse.

Rochester was reached at a time when most of the fraternity were on their professional rounds, but I was fortunate in finding Dr. White, Dr. Hurd, and Dr. Joseph Biegler, and also Dr. Chas. R. Sumner, the secretary of the Monroe County Society, in their offices. It was pleasant to have a brief interchange of thought with these busy, go-ahead, practical men.

Your correspondent reached Buffalo at 8 o'clock in the evening, and soon after found himself at the fine store occupied by Mr. Appleby, who, judging from the increasing dimensions of his person, and his fine new pharmacy, is doing a healthy business in a healthy place.

Thinking it well to start right in interviewing the fraternity, the writer determined to pay his respects first to Dr. A. R. Wright, the genial president of the State Society, but having made two right attempts, he was now invited to essay a third, being asked to write his name on the doctor's slate, as that gentleman had gone out for the evening.

But, notwithstanding this triplet of right beginnings, traveling from one side of Buffalo to the other, and ending with the secretary of the Erie County Society, at a late hour, not a single Buffalo was caught at home. The amiable wife of the latter gentleman gave me some points and took my message for her husband, and I left.

The beautiful city of Cleveland, beautiful even in a March snowstorm, was reached at two o'clock on the afternoon of the next day.

The wide-awake, intelligent, and accomplished physicians of this lovely lake-side city gave the wayfarer a cordial greeting. The winter's session of the Homeopathic College had signalized its close by graduating as fine a class as had ever gone out of its walls. Its prospects for the future are promising.

The keen, discriminating medical men of Cleveland showed their acquaintance with, and evinced their appreciation of, THE HOMEOPATHIC TIMES by words and ways that were very pleasant to its representative, and it was not without a sigh of regret that he turned away from its brilliant lights and warm hearts for a night ride to

#### CHICAGO.

Twenty years ago, the first thing I saw of note on my arrival at the respectable appearing hotel where I got my dinner was a fight, culminating in a broken cane and a broken head. Had I been a surgeon at that time I should undoubtedly have felt that it was the city for me to make my mark; but I was not, and I did not stay.

On my recent arrival, at 9 A. M., the beautiful proportions of the Grand Pacific Hotel loomed up before me, as I emerged from the railway station, and opened its hospitable doors for me to break my fast.

I accepted the invitation, and was not disappointed in the result.

It is one of the finest hotels one needs to meet anywhere.

I am strongly tempted to make other comparisons between twenty years ago and now, but I do not forget that yours is a medical newspaper, and so hasten to say that, with the inner man well fortified, I went to Halsey's pharmacy to get my bearings, and that urbane and intelligent gentleman gave me not only the points of the medical compass, but other points of value to me.

Later I visited the Duncan Brothers, where I was also accorded every facility and shown every attention.

The valuable work of Dr. T. C. Duncan on the "Diseases of Children" is approaching completion, and will be a desideratum in the field of pædology.

Duncan is an industrious man, and talked with me as he was correcting proof for his forthcoming work.

The *Investigator* is a live journal, and is a power not only in the Northwest, but throughout the land.

I met Dr. Shipman at the Foundling's Home, on the very eve of his departure for a six month's visit to Europe, necessitated by overwork. To say that this institution is a credit to Chicago is the best praise of its work I can give.

He, with Dr. Duncan and others, have organized a

plan for a sort of appetizer before the rich repast promised by the meeting of the American Institute at Milwaukee in June. They propose to have a meeting the day before the Milwaukee meeting, in Chicago, whose object shall be the discussion of the diseases of children.

The plan is feasible and, I have no doubt, will be successful in result.

I had several pleasant chats with Dr. Von Tagen and the Drs. Small, whose offices adjoin. Dr. Von Tagen's eyesight is still impaired, but his mind is clear his spirits cheery, and his conversation racy and instructive. He exhibited a number of pathological specimens, among which was the interesting *labia pudendi* described in his able paper on elephantiasis, sent for publication in your journal. The doctor also showed me a patient who was the subject of a compound fracture of the femur in November last, where he had secured union with so little shortening as to be imperceptible except by the most delicate measurement.

I trust he may be induced to send a history of that case.

I found Dr. Hoyne as busy as two bees. He superintends the distribution of the honey garnered up in *The Clinique*.

His neighbor and colleague, Prof. Ludlam, I was fortunate in finding at home. He is one of those choice spirits who find their greatest happiness in making others happy. In his busy hours he found time to relax the strain and unbend the mental bow for a little time, and in that brief space he gave me points and items, both retrospective and prospective.

In Chicago among the medical items of interest we should mention the fact that Ludlam's translation of Jousset's Clinical Medicine is really one of the most popular and useful books in the market. The first edition is almost gone. Dr. Jensen's *Therapeutic Materia Medica*, published by Halsey Bros., the old pharmacutists here, is a very practical and useful work and is having a steady sale. A fifth edition of Ludlam's *Diseases of Women*, revised, enlarged and finely illustrated, is in preparation and will be ready before the autumn.

I met a number of physicians, including the veterans, Dr. D. S. Smith and A. E. Small, also Drs. H. B. Fellows, H. C. Jensen, E. M. P. Luddam, E. S. Bailey and W. A. Barker at Prof. Ludlam's "den," as he calls it, where we spent a pleasant hour. I heard Prof. Leavitt lecture upon Obstetrics on Friday morning.

*The Clinique*, is the cream of the clinica, and of the Trans. of the Clinical Society of the Hahnemann Hospital. This society has 150 members, and does exclusively clinical work. The current number (March) of *The Clinique* contains 26 clinical cases in the short space of 32 pages. This publication is not a journal in the proper sense of the word.

The Hahnemann Medical College had its 20th annual commencement a few days before my arrival. The graduating class numbered 87, and the whole class for the winter 205 students. The clinical course in the hospital includes eight clinics per week during the whole year. The spring course had just opened with 40 students, and "more to follow." Prof. Ludlam's Seventh Annual Private Course on the Diseases of Women begins April 5th. The plans for a new and enlarged amphitheatre at the Hahnemann Hospital are nearly finished and the building will go up this spring.

The Chicago Homœopathic Medical College has had a fine class of ninety students in attendance. Its commencement occurred March 30. Prof. E. M. Hale gave the valedictory on the part of the faculty, and H. Sherry, M. D., in behalf of the class.

Their dispensary seemed well patronized, and the college has given during the term nine clinics a week. On my return, I was the recipient of favors at the hands of Dr. Fairbanks, the alert and well posted homœopathist of Englewood, a suburb of Chicago

and also of Dr. Gill, of Norwalk, Ohio, who took me to see an interesting case, the result of a railroad accident. I hope the doctor may give the points of this case to the readers of the *TIMES* at no distant day.

I have only one suggestion to make to my medical brethren at some of the points I visited, and that is in advocacy of more united efforts for the interchange of social and professional views. A man is apt to grow sordid, mean, and jealous, if he does not mingle with his fellows and give and take such thoughts as each may have.

Some of the large cities through which I passed do not begin to live up to their privileges in this respect. Chicago has probably had as muscular a fight as has been known recently in a medical community of clashing interests, and yet she leads off in the example to forget or ignore differences, for the higher good of association, discussion, and edification in matters for the general good. Let the examples of Chicago, New York, and some of the county societies be imitated.

T.

New York, April 26, 1880.

EDITORS HOMŒOPATHIC TIMES:

Gentlemen: In the April number of your valuable journal you have given a very faithful picture of our remarks at the annual meeting of the State Society, in Albany, last February, with but few exceptions. For this we thank you most cordially, and crave your indulgence while we correct one of those exceptions.

At some one point in each of our remarks we are each made to say, virtually, that we approve of the Resolutions. This is an error. We were speaking to two sets of Resolutions, and in our haste of speaking so as not to infringe upon valuable time, we probably failed to make ourselves properly understood by many of the physicians present, as shown by the votes of some of them, and especially by the stenographer, as shown by his notes.

First: The set framed at the annual meeting in February, 1879, signed by all of the committee, afterward printed and mailed generally to the profession in this State, and which were the only ones that properly could have been brought before the meeting of 1880 for action. Some of the members supposed they were voting for these Resolutions.

And these it was to which we referred when indorsing the sentiments contained, while opposing them on general principles as inexpedient and unnecessary. They contain the solid truths of Homœopathy, and, as we view it, nothing that is un-homœopathic. These the chairman of the committee, very adroitly, did not read, hence many of the members had no proper opportunity to draw comparison between them and the set as adopted, hereafter mentioned.

Second: The set of Resolutions as adopted, which you have printed, and which were sprung upon the meeting with the evident co-operation of certain prominent ones who favored them. They were the unholy offspring of those first mentioned, with the pernicious doctrines of the Resolutions of 1878 dexterously inserted. They were not submitted to the profession at large. They were not submitted to Dr. Carleton, one of the committee, until just before the subject was reached, although they had evidently been carefully prepared to suit the views of those preparing them.

These we emphatically did not and do not indorse, either in principle or as a matter of expediency for the Society. And yet the reading of our published remarks would make us seem to indorse these Resolutions while opposing them.



Our remarks as a whole will verify this distinction, which, unfortunately, we failed to make sufficiently clear while speaking.

Wishing your journal the success which its enterprise justly merits, we are,

Very Respectfully,

THOS. FRANKLIN SMITH, M.D.,

THOS. WILDES, M.D.

[Our report was written out by the stenographer himself, and we presumed it to be substantially correct.—EDS.]

NEW YORK, April 24, 1889.

#### Editors HOMŒOPATHIC TIMES:

My attention has just been called to your report, in this month's issue, of the meeting of the State Society.

While, in the main, it is a just and good report, allow me to point out a serious omission at the foot of the twenty-first page. There I am made to say "I heartily concur in the resolutions," etc. The language used was, "I heartily concur in *some* of the resolutions." On that occasion I spoke rapidly, which probably accounts for the reportorial error. Compare with previous remarks for sense.

One item more. I am sorry that you omit to state that seventeen of us voted against the resolutions. We felt, at least I did, that the third resolution conflicted with the universal law of therapeutics to which we all subscribed in the first resolution. It seemed to me that under the third resolution a physician might cup, bleed, blister, purge, squirt morphine under the skin, administer opiates in any and every form, and yet claim to be a homœopath. I saw no way of reconciling such allopathic practice with the universal law of similars already confessed.

Respectfully,

E. CARLETON, JR.

### DEFECTIVE NUTRITION.

By EGBERT GUERNSEY, M.D.

Physicians are frequently brought in contact with cases where vitality has been so much exhausted by various causes that there is not sufficient power left to take up, from even the most delicate food usually given to sick people, the necessary amount of nutrition. Ordinary drug medication fails, and yet the physician feels that there is no organic change of structure which cannot be remedied if he can only increase the vitality of his patient by sufficient nutriment. Homœopathic medication, by the purity of the drugs and their minute subdivision, is peculiarly adapted to these conditions, but even this sometimes fails in bringing the system into the condition to take up sufficient food to support life.

A very interesting case occurred in my practice, several months since, in which I believe life was prolonged for months by the use of carefully selected stimulant and the nutritive prepared in the laboratory of the chemist. The lady, who had suffered for years with organic disease of the heart, was suddenly attacked with aphasia. In this complication of troubles life hung by the most delicate thread. The pulse at times would sink so low as to be scarcely perceptible, only a temporary effect being produced by active stimulants. In this condition I gave at regular intervals a small glass of *Tokay*, partly for its stimulating action and partly for the nutrition it contains. This would bring the pulse up for a short time, and I would hold it there by giving in about half an hour the *Phospho-nutritive*, and following this in an hour by a little delicate food. The effects of this kind of feeding were marked, and by keeping it up for several days she was

tided over the crisis, and enjoyed tolerable health for some months.

2. A lady of sixty years, with a delicate constitution, suffered from a severe attack of pneumonia. The general lack of strength and the strong tendency to lung trouble rendered the prognosis doubtful. After the acute symptoms were over, the only stimulant she could bear was *Tokay*, but she needed in addition to this, not only for her general strength, but for the peculiar condition of her lungs, some form of concentrated, easily assimilated nutritive. This I found in the *Phospho-nutritive*. Under this treatment she made a rapid convalescence, coming out of what I at one time feared might be a fatal disease, better than she had been in months.

3. A little child, about a year old, showed unmistakable symptoms of marasmus. The old look, the emaciated frame, the distended abdomen, the craving for food, which seemed to do but little good, pointed to but one conclusion. The child had been badly nourished, and through that foolish dislike for a wet-nurse which we so often see with young mothers, had been allowed to drift into this condition. In a large children's institution of which I had charge for many years, in cases of defective nutrition and the troubles resulting from it, I was accustomed to give *Cod-liver oil*, with such beneficial results that children were often saved who would otherwise have perished. Sometimes I found the stomach too delicate to retain the oil, and this I feared was the condition of the little child under notice, notwithstanding the strong indication for its use. I had found that even the most delicate stomach could bear Phillip's Cod Liver Oil, as the oil globules are so divided that they mix readily with water, and selecting the preparation combined with the *Phospho-nutritive*, gave it, mixed with water, as a daily food. The result was a gradual restoration to health.

The physician should study the various chemical combinations and delicate preparations intended for nutrition and latent disease, with as much care as he selects his specific drugs, and prescribe them less from general principles than for particular indications. *Cod-liver oil*, pure and in various combinations; *Maltine*, *Malt extracts*, and *Phospho-nutritive*, all have their specific uses, and if selected with care and given with judgment, will, when indicated, give the best possible results.

### SOCIETIES, ITEMS, ETC.

#### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

[Continued from March Number.]

##### SECOND DAY.

The Society convened at 9:30. President Couch in the chair.

Dr. Alfred K. Hills said he held in his hand a paper to which he asked the signatures of the members. It was relative to a committee which was asked to be appointed by the Legislature, the object of which was to remove Dr. Ordronoux, State Commissioner in Lunacy.

Professor Dowling—I will say a word in regard to this, as perhaps many of you don't know Dr. Ordronoux. In company with Dr. Talcott, I attended a meeting at Dr. Agnew's, at which Dr. Ordronoux had promised to deliver an address. We listened to it with much pleasure, and I firmly believe all who listened to it were impressed with the fact that Dr. Ordronoux was a hard-working man. The object of this petition is to prevent his removal. He is a hard-working, honest man, and probably the best man for the position in the State.

The petition was then signed and sent to the Legislature.

#### ELECTION OF OFFICERS.

The President announced that the first business was the election of officers, and the following was the result:

*President*—A. R. Wright, Buffalo.  
*Vice Presidents*—E. Hasbrouck, Brooklyn; N. Osborn, Buffalo; R. A. Adams, Rochester.  
*Recording Secretary*—H. L. Waldo, West Troy.  
*Corresponding Secretary*—A. P. Hollett, of Havana.  
*Treasurer*—E. S. Coburn, of Troy.  
*Censors*—Drs. A. W. Holden, G. W. Little, L. A. Clark, W. L. M. Finke, J. H. Demerest, S. H. Talcott, C. E. Swift, M. O. Terry, G. B. Palmer, W. B. Kenyon, A. B. Carr, W. B. Gifford.  
*For Regents Degrees*—A. R. Wright, of Buffalo; O. Groom, of Horseheads; Henry Minton, of Brooklyn; and W. C. Doane, of Syracuse.

Dr. Paine moved that the transactions for the next year contain a full list of the permanent and delegated members, and also the honorary members and officers.

Dr. Jones—If you fill your volume up with names you leave out papers, and I think the members of the Society would rather have papers on medicine than see their names. We cannot print only such a volume. If the State printed a volume of a thousand pages we could introduce the names of all the doctors in the State, but I think the papers are more important than the names of members.

Dr. Alfred K. Hills—I fully appreciate the remarks of Dr. Jones, but still, from my position as secretary, I found, in correspondence with members, they desire the names of members of county societies and this society for the purpose of correspondence. I think once in three or five years it is desirable to do so, and it is very useful to societies of other States. We desire our minutes to be useful to other States, and therefore I shall second the motion that they be included with such other miscellaneous matter as the secretary may consider of service to the society. It is five years ago, at least, since we did print the names.

Dr. Groom—I fully concur and think it is valuable for reference.

Dr. H. M. Paine—The list, as formerly published in the transactions when issued by the State, occupied a good deal more space than necessary now. It can be printed in a condensed form and will not occupy much space.

Dr. Coburn—It is a matter that was brought up a year ago, and it was ordered that the miscellaneous matter should appear in the transactions. Perhaps I am the only one to blame that it does not appear. I requested the secretary to withdraw a certain amount of matter that in my opinion was not necessary to be published and to bring the volume to a size that we could buy and yet be out of debt. I should be inclined to do the same thing another year. We have been obliged to withdraw a certain number of articles to keep the society out of debt, but with the liberal support we have had I don't see why we cannot print them and keep out of debt this year.

The motion was then put and adopted.

#### MENTAL AND NERVOUS DISEASES.

Dr. S. H. Talcott, chairman of the Bureau of Mental and Nervous Diseases, presented the report of his bureau as follows:

"Delusions of the Insane," by S. H. Talcott, M.D.; "The Relations of Occupation to Insanity," by W. N. Butler, M.D.; "Report of Post Mortem Examinations at the Middletown Asylum," by N. E. Paine, M.D.

Dr. Alfred K. Hills then moved that the papers be referred to the publishing committee with power, and that Dr. Talcott be elected chairman of the bureau for the ensuing year. Adopted.

#### MISCELLANEOUS BUSINESS.

Dr. Alfred K. Hills presented the following resolution, which was unanimously adopted:

Whereas, we have heard with regret that measures have been or are about to be instigated, asking for further legislative investigation of the management of our State asylums for the insane; therefore

Resolved, That we hereby express our confidence in the management of these asylums, especially that of the State Homoeopathic Asylum for Insane at Middletown; and we sincerely deprecate any tendency to disturb these institutions, the organizations of which are based upon the most enlightened experience in this department.

Dr. Doane—I have a matter I wish to present to the society under the head of miscellaneous business. I was expelled from our central society, during my absence, as an obnoxious member, and as I feel an injustice was done me I have brought the matter before the State Society. Our central society is ten or fifteen years old, and never had a creed, until 1878, when the society came together and adopted one. A gentleman in Brooklyn, by the name of Wells, issued an article which was published in pamphlet form and circulated by members of the central society as an advertisement, which might have been well suited to a patent medicine vender, but was unworthy the society. I felt it my duty to criticize it and published the criticism in the papers, and for that criticism the brethren saw fit to expel me. I simply make the statement and ask the privilege of placing in the hands of the secretary the criticism of the Wells article, to be used as his judgment dictates in placing the matter before the profession.

Dr. Groom—I move the request be granted.

Dr. Swift—I cannot for the life of me see why the matter should come before this society. I don't see that the society has anything to do with it at all.

Dr. Doane—I think it has. I don't ask the society to take any official action on it, but simply ask the indulgence and courtesy that belongs to a gentleman. It is a matter of interest and a matter of right, too. During my association with the society I have come to feel you are all my friends, and circumstances have transpired during the past year that I may not have the pleasure of meeting you again. My associations with the society have been such that I feel I belong with you to one brotherhood. I feel the standing and honor of every member of the society belongs to and interests me, and if any organization seeks to place the name of any member in a dishonorable position before the profession and the world, it becomes of interest to me and I will take cognizance of it, because I feel our interests are identical. I feel that I am entitled to this matter being considered, and ask that your authorized committee or secretary be permitted to state the facts in the records of the society if he sees fit.

Dr. Jones—Dr. Doane is a friend of mine and I honor him in every way, but this central society has no standing with the State Society, and I think if we should take up the grievances that occur with every individual we should have nothing else to do. I think we had better not meddle with the grievances of societies; let them fight it out on their own ground. I think Dr. Doane is competent to do that. I don't think he needs our assistance to fight his battles. He has got the pluck to do it if we let him alone.

Dr. Hills—The matter will be safe in the hands of the publication committee. If they see fit to publish the paper they will do so.

Dr. Swift—I don't see why they should publish any thing that don't belong to them. This society has nothing to do with it. You may just as well go into a man's family or into his political career and bring it up here. I know Dr. Doane is capable of fighting it out.

Dr. Doane—This society is a corporation of the people of this State, and if the central society saw fit to

expel me for conduct unbecoming a gentleman, I am unfit to associate with the members of this society. If I am not fit as a gentleman and scholar to meet with the central society I am a pretty poor fellow to be here. If this central society is right, I ask the State Society to say to me and to the world: You are not fit company for us, and we ask you to go, and when you go we will put on you a mark as deep as the brand God Almighty put on Cain, and publish it to the world that you are not a fit member of society.

Dr. Groom—Dr. Doane is well known. He comes up here on the honor of a man and asks the publishing committee to consider the papers he puts in their hands, and to publish them if they see fit. I think he has the right to do that.

Dr. Mitchell—I am in full accord with the gentlemen who have spoken on this matter. We have got ourselves in a serious trouble once by taking an *ex parte* statement and putting it on the records. This is a step in the same direction. We have no report from the central society; they can't report to us; they have no means of getting at us. While I have nothing against the gentleman who presents the privileged communication, I know nothing of the case and cannot take any notice of it, therefore I hope his request will not prevail.

Dr. Alfred K. Hills—My object in referring it to the publishing committee is to facilitate business; I think it is perfectly safe there. I am much in favor of what Dr. Mitchell says. The other matter came up in the shape of a discussion and had to go into the minutes; this comes as a paper, and if the committee don't consider it a proper one to be published it will not be.

Dr. Doane—I will relieve the society, as I don't want to impose any burdens upon it at this time. I don't ask any personal favor of any man or body of men. I simply ask this now that when the facts in the case shall have appeared in our public journal, in the *Times*, which, by the way, is the best homœopathic paper we have, if the State Society thinks the central society did right that it shall appear on the minutes that they had the right to expel me; and if the reasons are not entirely conclusive that they acted wrongly, then I ask the society, whether I am here or not, to do one of two things, either put upon their record that the central society was recreant to its duty or expel the subscriber.

The matter then was dropped.

Dr. Adams—I have a resolution to offer in which we are all equally interested, and upon which we can vote unanimously.

*Resolved*, That the Homœopathic Medical Society of the State of New York unanimously presents the names of Drs. Asa S. Couch and J. E. Biegler for appointment as members of the State Board of Health, if that Board shall be appointed.

Dr. Biegler—This is one of the most important matters brought before the Society at this time, and should be approached with care. The necessity of representation by any one partisan of any party is of most importance, and it is necessary the most fit man and the most satisfactory should be appointed. I cannot conscientiously allow myself to stand as one of the candidates for that position. Though I might admit myself competent, I still know there are others in this society deserving to be recognized far above me. I am comparatively a stranger here, and have done little, comparatively, for the society. Therefore I would respectfully decline in favor of Dr. A. R. Wright, of Buffalo. I think these two men would be not only highly competent, but would be the best men we could possibly mention, and would carry weight and the respect of the profession with them. I am sorry my name has been mentioned here in that connection, because it is an important matter, as I have said, and we should be careful to select the right man on the start.

Dr. Swift—It seems to me this matter is a little premature. To be sure, it is in inception that we have a State Board of Health. There is such a bill in the Senate. If such a bill is passed, and we don't know as it will be, although probably it may be, it seems to me it will be well enough to foreshadow our choice. There are a great many homœopathic physicians in the State of New York, and whoever may have the appointing power may have their preferences. Don't let us go too fast. We may, by going carefully, accomplish what we want—that is, representation on the Board if it is formed. It seems to me we are putting the thing a little too fast.

Dr. Talcott—In regard to the suggestion that this is premature, it seems to me this is the only time the men can be nominated. If the law is not passed our making the recommendations will do no harm, but if it is passed it is the proper thing to have men who would most ably represent homœopathy on the said Board. I believe it is the honest conviction of every man here that no one could be selected who would represent our interests in a more able manner than Drs. Couch and Wright.

Dr. Wright—I hope Dr. Biegler's declination will not be accepted. I think it only proper the names should be left just as named. Dr. Biegler has been on the Board of Health in the city of Rochester, and did good work, and was very active and prompt, and took the initiative in the Board before his allopathic brethren, and I hope his name will remain in.

Dr. Couch—It is not proper for any man to appear in a body of this kind with an affectation of modesty. I rise to say, while I am extremely gratified for the honorable mention of my name by Dr. Adams, that if my distinguished friend from Rochester is not fit for a place on the Board of Health of this State, I am far behind him in that particular. Dr. Biegler, to my knowledge, has served with distinguished success in the Board of Health at Rochester, with the old school brethren, for several years. I have had no such experience, so that if Dr. Biegler deems it his duty to withdraw his name in this connection, I am certain it is my duty not only to follow his example, but to insist that the society take cognizance of it and leave my name out. I don't know but it would be well for the State Society to recommend some names, in order that the Governor may be relieved of embarrassment if we have a State Board of Health, but I am not ambitious in this matter. I do know that there are many members of this Society and of our profession in the State who are far better fitted for this position than the humble country doctor from Chautauqua; I therefore thank my friend Dr. Adams and the other members, but respectfully decline the use of my name in this connection.

Dr. Jones—I hope the gentleman will not be so modest, and will accept.

Dr. Carr—I see no objection to presenting the nominations to the Governor in this connection, because the Governor may be thereby relieved in making his appointments. I think we have the resolution with the names of Drs. Biegler and Couch on it, and it is best to leave it as it is.

Dr. Biegler—If I have any experience in these matters, it amounts to this: My judgment is right that the men now named are the right men and ought to be the men the society should recognize as deserving of the honor by their ability, and that should be taken into account. On the score of attainments and ability, we could not certainly find the equal of Dr. Couch in the Board. Next comes Dr. A. R. Wright, who has for years labored in this society and shown himself to be qualified, and is certainly entitled to it, and under no consideration would I allow my name to be used in connection with this vote.

A member—I am glad Dr. Biegler has alluded to the abilities and labors of Dr. Wright. The society is



aware that for a number of years he has labored assiduously to bring his bureau up to a point where it should be second to none, and his correspondence with sanitarians all over the State has rendered him peculiarly fitted for the position. The endorsement of Dr. Biegler shows him to be so, and it seems to me, as the thing now stands, it will be well to concede this to Drs. Couch and Wright.

Dr. Fiske—I move that the names of Drs. Biegler, Couch, and Wright be presented to the Governor to select from if the Board is established.

Dr. Mitchell—I would suggest, on this matter of making nominations to the Governor for appointment on the State Board of Health, that a special committee of three be appointed to make such nominations. If we have a Board of Health, and there should be vacancies, they can recommend persons to fill them. These are friends of ours, and no one I can name would have my hearty support sooner than the three gentlemen named; still I think, as we cannot await the action of the Legislature on the bill, it will be better to have a standing committee of three appointed, to make nominations in case they are to be made.

The amendment to recommend the names of Drs. J. A. Biegler, A. S. Couch, A. R. Wright was adopted, and the matter was then referred to the Committee on Legislation.

Dr. Waldo moved that the Committee on Legislation consist of Drs. E. D. Jones, Alfred K. Hills, H. M. Paine, A. P. Hollett, M. O. Terry, and N. Osborne. Adopted.

Dr. Paine then offered the following resolution:

Whereas, There exists an honest difference of opinion among homœopaths regarding the homœopathicity of high potencies; therefore,

Resolved, That there be established a special department consisting of five members, to be appointed by the President, to be known as the Bureau of Dynamic Medicine, for the purpose of collecting, classifying and reporting upon cases treated by attenuated remedies higher than the tenth or twelfth centesimal potency.

Dr. Jones—I move to lay it on the table. Adopted by 18 to 5.

Adjourned until 2 o'clock.

#### AFTERNOON SESSION.

The society resumed, pursuant to adjournment, at 2:30 P. M.

Dr. H. Amelia Wright presented the report of the Bureau of Pædology, and the papers having been read, Dr. Waldo moved that the Bureau be closed and that Dr. H. Amelia Wright be the Chairman for the ensuing year. Dr. Wright declined, and the name of Dr. W. W. Blackman, of Brooklyn, was substituted. The motion as amended was adopted.

The report of this Bureau comprised the following papers:

"Regressive Infantile Paralysis," by J. Savage Delavan, M.D.

"Infantile Mortality," by C. Bruchhausen, M.D.

"Cross Babies," by Alice B. Campbell, M.D.

"Malformation Extraordinary," by C. A. Beldin, M.D.

When the report of the Bureau of Obstetrics was called for, it was found the Chairman was not present, and Dr. Waldo moved that the Bureau be closed and Dr. A. P. Throop, of Poughkeepsie, be Chairman for the ensuing year. Adopted.

The following papers were presented under this Bureau:

"Anæsthetics in Labor," by A. P. Hollett, M.D.

"Puerperal Convulsions Cured by *Amyl nit.*," by L. A. Clark, M.D.

Dr. Anna C. Howland then presented the report of the Bureau of Gynæcology, and the papers having been read, Dr. Waldo moved that the Bureau be closed and Dr. Howland be elected Chairman for the ensuing year. Adopted.

The following papers were presented under this Bureau:

"Diagnosis in Gynæcological Diseases," by Sarah J. White, M.D.

"Against Vaginal Examinations with Speculum," by Alice B. Campbell, M.D.

The Bureau of Climatology presented its report, and on motion the Bureau was closed and J. A. Biegler elected Chairman for the ensuing year.

Dr. F. Parke Lewis presented the report of the Bureau of Ophthalmology and read a paper entitled "Progressive Myopia." The Bureau was closed, and Dr. F. Parke Lewis, of Buffalo, was elected Chairman for the ensuing year.

Dr. Waldo said he had no knowledge of any papers being presented from the Bureau of Otology, and Dr. Lewis having explained an instrument called the audiophone, the Bureau was closed and Dr. W. P. Fowler elected Chairman for the ensuing year.

Dr. Waldo said he had no knowledge of any papers from the Bureau of Histology, and no member of the Bureau being present, he moved that the Bureau be closed and Dr. Bukk G. Carleton be re-elected Chairman for the ensuing year. Adopted.

Dr. Waldo said Dr. Holden, chairman of the Bureau of Vital Statistics, had written him stating his inability to be present or to present any papers. He therefore moved that the Bureau be closed and that Dr. A. W. Holden be continued as chairman for the ensuing year. Adopted.

Dr. W. B. Kenyon, chairman of the Bureau of Vaccination, presented two papers entitled "Vaccination," by J. C. Morgan, "Boehr on Vaccination." They were read by title, the Bureau closed, and Dr. Kenyon re-elected chairman for the ensuing year.

Dr. Waldo said no report was presented from the Bureau of Medical Education, and he therefore moved that the Bureau be closed and Dr. J. F. Gray be elected chairman for the ensuing year. Adopted.

Dr. Throop read a paper on the water supply of Poughkeepsie.

Dr. Groom—I would like to say just one word on this subject, in reference to a filter which may not be familiar to all. I have adopted in my cistern a mode of filtering very much easier and nicer than generally used, and any one can put it in the cisterns they have with much less trouble than charcoal. That is a brick filter. It may not be known to all that water will filter through brick very easily, and it makes the most perfect filter there is. To illustrate it, as most of the cisterns are made round, you can have a curved arch made so that the pressure comes on the convex side, the arch to be made of one thickness of brick, laid well in water line, which will operate as nicely as can be, and those of you who wish to have a filter in the cistern can do it very cheaply, for a mason can do it in half a day. You have only to be careful to lay the bricks perfectly tight.

Dr. Boocock—If it be true that bricks form such a good process of filtering, it is important that cisterns be built of something else than brick. If you can filter through brick, you get the water in your cistern impregnated from the soil, by the water filtering through the brick. I think we might spend a profitable half hour by discussing this matter of pure water.

Dr. Throop—I was just going to ask a question of Dr. Groom, and that is if he did not omit to state that the brick filter is not to be water lined on either side, whereas the cistern is water lined inside, which meets the objection of Dr. Boocock, as it prevents the water flowing through.

[To be Continued.]

STILLWATER, MINN.—Through the active efforts of Dr. W. H. Caine the exclusive use of a ward in the City Hospital has been obtained for homœopathic treatment, with prospects of another.

## TREATMENT OF HEPATIC CALCULI.

Dr. T. H. Buckler, N. Y. *Medical Journal*, in referring to Dr. T. J. Thomas's enumeration of the operation of cutting into the gall-bladder as one of the recent surgical triumphs, asserts that such procedure is unwarrantable. Cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure. In Dr. Buckler's last three cases, treated successfully, he gave ten drops of chloroform every four hours, and a teaspoonful of Steward's hydrated succinate of the peroxide of iron half an hour after each meal. He has sometimes given a teaspoonful of chloroform every six hours, without causing any bad symptoms and with the result of a cure within a week. The succinate of iron contains, according to Dr. Buckler, more nascent appropriate oxygen than any other known therapeutic agent, and is one of the best ferruginous preparations, apart from its solvent powers on gall-stones. It is better than nitric acid in affections of the liver. Chloroform, we are told, on being swallowed, passes into the acini of the liver, then into the bile of the gall-bladder, where it dissolves the gall-stone with the inexorable certainty of mathematics. Dr. Buckler's experience with ether, and with the various mineral waters, has led him to consider them of no value in this trouble.

WICKERSHEIMER'S PRESERVATIVE FLUID.—The composition of this fluid is as follows:

R Alum.....	100 grammes.
Common salt.....	25 "
Saltpeter.....	12 "
Potash.....	60 "
Arsenious acid.....	10 "

To be dissolved in 3,000 gr. boiling water. On cooling, the liquid is to be filtered. To every two and a half litres, supposing a large quantity to be prepared at once, a litre of glycerine and 250 ccm. of methyllic alcohol are to be added. Herr Wickersheimer states that the bodies of animals or men preserved with this fluid retain their form, color and pliability completely. After several years the muscles look as fresh on section as if they belonged to a recent corpse. For embalming purposes the body is first injected with the fluid in the proportion of one litre and a half for a child of two years, and of five litres for an adult. It then is immersed in a bath of the fluid for several days, after which it is rubbed dry, swathed in bandages wetted with the fluid, and preserved in an air-tight case. For bodies which are to be dissected the injection alone suffices.

Small vertebrates and invertebrates can be kept simply immersed in the fluid, or if wanted in the dry state may be in it six to twelve days, and then be taken out and dried in the open air. Hollow organs, such as the lungs and intestinal tract, are best injected with it before immersion.

The process seems to have the recommendation of simplicity and cheapness as well as that of its preserving the natural color and the pliability of the objects treated by it.—*Med. Times*.

OBITUARY.—Dr. Wm. S. Helmuth died in Philadelphia April 8th, 1880, at. 79 years. He graduated from the University of Pennsylvania in 1822, and began the practice of homoeopathy in 1839. He was one of the founders of Hahnemann Medical College of Philadelphia, for five years one of its trustees, and occupied the chair of Theory and Practice for some time.

[In some unknown manner an elaborate obituary from the pen of Prof. Wm. Tod Helmuth has disappeared, greatly to our regret, but we hope it may find its way into our next issue.—Eds.]

## TREATMENT OF CHEST DISEASES BY PETROLEUM.—

Dr. Moubre, writing to the *Gazette des Hôpitaux*, gives his experience of petroleum capsules in simple and chronic bronchitis. This balsamic had been brought before the Therapeutic Society by Dr. Blache a year ago, at the instigation of a Paris chemist, who named it Gabian oil, in order to prevent public prejudice. Each capsule contains twenty-five centigrammes of pure petroleum, the ordinary oil not being used, as it has to be distilled in contact with sulphuric acid to render it fit for lighting purposes. At the Hospital Beaujon, where these capsules have been freely ordered for chronic bronchitis, a rapid diminution of the secretion and fits of coughing were observed. In tuberculosis this medicine gave encouraging results.—*Med. and Surg. Reporter*.

A WESTERN contemporary, in referring to the use of Quinine, Morphine, etc., by members of our school of practice, says: "It is time for homoeopaths to throw off the mask with which they have been deceiving the public, and to make an honest confession that they cannot cure disease without resorting to the regular system" (!) We were not before aware that any medical or surgical means were the exclusive property of a particular sect or class of practitioners, but now we shall expect that the use of *Chloroform*, surgical appliances, etc., will be denied the homoeopathic practitioner because the so-called "regular" chooses so to decide. We desire to say to our contemporary that we understand our school to cover the whole field of medical practice, including, of course, homoeopathy.

## HOMOEOPATHIC HOSPITAL, W. I.—REPORT FOR 1879.

—Number patients remaining January 1, 1879, 302; admitted during the year, 3,130; whole number treated, 3,432; daily average under treatment, 354; discharged cured, 1,516; discharged improved, 1,293; discharged unimproved, 51; died, 192; whole number discharged, 2,860; remaining January 1, 1880, 380; rate of death on whole number treated, 5.59.

REMOVALS.—Dr. J. B. Gilbert to 23 W. 37th, Alfred K. Hills to 465 Fifth Av., Arthur T. Hills to 39 W. 36th, Henry Von Musits to 1,266 Lexington Ave., Geo. S. Norton to 154 W. 34th, Edgar V. Moffat to 149 W. 44th, Geo. B. Durrie to 133 Lexington Ave., R. N. Dennison to Ticonderoga, N. Y.

It is well known that Vaseline is purified petroleum. The Chesebrough Manufacturing Company, the proprietors of Vaseline, are working it into an elegant confection. The petroleum in this form is much more acceptable than in capsules.—Ed.

THE fourth annual meeting of the Missouri Institute of Homoeopathy will be held in Hannibal on Wednesday and Thursday, June 9 and 10. A large and interesting meeting is expected.

WM. D. FOSTER, Sec.

TEST FOR SUGAR.—A very convenient agent for the test of urine suspected of sugar is now prepared in the form of a tablet, and easily carried in the pocket-case.

Salicylic acid, one part to 200 of water, used for washing the walls of damp houses, effectually destroys the fungus and prevents its reappearance.

Oxalic acid and Oxalate of potassium are recommended in the treatment of diphtheria and croup.